

The Visiting Nurse Quarterly of Cleveland

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Editorials

A Word to Our Associate Members:

When the publication of the Visiting Nurse Quarterly was first undertaken by the Visiting Nurse Association of Cleveland it was intended to make of it merely "a quarterly report to the associate members of the Visiting Nurse Association concerning the work done by the Visiting Nurses in the homes of Cleveland's sick poor"; it was "to keep the understanding between us all warm and true by giving frequent news from the Visiting Nurses." This object we hope, has been attained, and we shall strive in the coming year to continue to keep that understanding ever warmer, ever truer.

We soon felt, however, that we could not limit the scope of the work to local activities—all over the country similar work in all its branches was being done—we de-

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sired to hear of it—we wanted to learn from the nurses themselves what they were doing, and what they felt needed to be done—we desired to bring about a closer sense of union between all these Visiting Nurses “who were having so rich an experience in the social work of our day”—we wanted an opportunity for interchange of ideas; not merely a report of what is being done, but inspiration and suggestions for new work yet to be done—and therefore we decided to attempt the publication of a Visiting Nurse Quarterly Magazine which should “gradually seek to become an organ of expression for ideas and interests peculiar to the profession of Visiting Nursing.”

And so we are starting this, our third year of existence, as something more than a report, and ask for the good will and co-operation of all those interested in any branch of the Visiting Nurse’s work whether it be in the districts, in the fight against infant mortality, in the anti-tuberculosis work, or in any other activity in which she takes a part.

The January number will each year be supplemented by the annual report of the Visiting Nurse Association of Cleveland, which will purchase a large edition of the issue, and mail a copy to each associate member. The remaining numbers for the years, i. e., those for April, July and October, will be sent only to such associate members as care to pay the regular subscription price of fifty cents a year for the magazine.

The expense of the publication outside of the annual report is cared for entirely by advertisements and subscriptions and as the Association feels that the magazine is of value, both to itself and to its supporters, it is earnestly hoped that all members will come to our assistance and be sufficiently interested to send in the small sum of fifty cents, thereby allowing us to place their names on our list of permanent subscribers and well-wishers.

A Visiting Dietitian:

We are glad that the Superintendent of Nurses of the Cleveland Visiting Nurse Association makes a plea in her annual report for a Visiting Dietitian.

The Visiting Nurse can give general instruction in household hygiene, and this is one of her constant functions in the homes of the sick poor, but her own special work of taking good bedside care of her patient makes it impossible within the limits of her visit to enter minutely into such matters. Moreover, her own training has not dealt fundamentally enough with the practical buying and preparing of general household food. The lack of such knowledge on the part of the mother has a very direct bearing on the depreciated health of the family, and the nurse is right in asking supplementary instruction and training for "her families" in the practical arts of household hygiene. Her desire and her appeal should, we think, be respected for she daily sees the very great need of such aid.

Socially Trained District Physicians:

Referring to the article in this number on the Social Dispensaries as Training Schools, we would say that wherever found, the socially trained physician in the homes of the sick poor proves himself of such value that the areas over which he exercises his calling commence at once to show signs of constructive and permanent amelioration. The routine palliative measures of medical treatment lead, for him, to an inquiry into the social causes of sickness in the home and to plans and projects for the preservation and fostering of health. Social medicine makes constructive plans for the health of communities.

Wherever the District Physician and District Nurse are well enough trained in the great conception of the right of the people to health as the requisite condition for "the pursuit of happiness" they will work mightily together for the public good.

The Training of "Little Mothers":

In the digest of a report from the New York Division of Child Hygiene, we quote the following statement by Dr. Newman:

"Few facts receive more unanimous support from those in intimate touch with the problem of infant mortality than the ignorance and carelessness of mothers in respect of infant management."

This is indeed a heavy indictment and to it we women, whether we will or no, must sorrowfully subscribe.

It is, however, not necessary to inquire into the reasons for the widespread prevalence of such a condition. The question is, when should the mother be educated for her calling? Certainly it is not an economical conception of education to wait until she has become involved in the mill of living. Her training in the household arts should come before this, when she is care free and unencumbered.

It is, perhaps, necessary that a school girl should learn about the imports and exports of countries and the treaties and dissensions of governments, but if she is going to marry a man who gives into her keeping a dollar and a half a day, on which to provide for a family of six or eight members, it would be helpful to her to know a great deal, and to know it thoroughly, about buying, sewing, cooking and child-raising.

In spite of all we may think to the contrary, the tradition of education is a masculine tradition, but the woman who is called upon to maintain a household and to bear and raise children should be equipped beforehand with the kind of education which will enable her to discharge these functions with less cost to herself and with better results to society.

Why not adopt as our slogan "no untrained mothers in 1920." That will give us time to do a great deal of constructive work and to forestall evils which we seem so powerless to deal with, when once they make headway in our midst. Everywhere, almost without exception

in the homes of the poor, are the "little mothers" who help tend brothers and sisters with affection and faithfulness. The classes are at hand. Let us include such training in our general curriculum.

A Needed Device:

Just a word as to the really terrible frequency of burned and scalded children during the winter months. It is very possible that many of the newly arrived European people are not familiar with the dangers of the quick burning American stove, which, generously stuffed with wood and coal, stands in the middle of a room where young children creep and toddle. It would seem almost as though we could include these children somewhat in the same class as workingmen in factories and that, even though they are a part of private households, they could be insured against unnecessary accidents of this nature.

Could not a device of some kind be invented to fence off the stove and a fine imposed when such precaution is neglected?

There must be some point somewhere, with which to get at the question and do something to protect these little ones.

The Social Dispensaries as Training Schools

BY JOHN H. LOWMAN.

The first charge of our hospitals and dispensaries is the care of the sick. This is so fundamental and so universally accepted that it is almost a commonplace. But to make the charge effective, to care for the sick not only in institutions, but everywhere, in the best way, teaching as well as care must be fostered so that all those who come into intimate relations with the sick may be technically informed and well trained.

So completely has this been carried out that now the best hospitals in the true sense are teaching hospitals. It is easily seen that this must be so, for in such institutions the work is seen and inspected by many critics, and consequently mistakes and blunders cannot be concealed. The patients realize this themselves, and invite the necessary and sometimes trying examinations. The visitors in the teaching wards carry away the conviction that a correct diagnosis is possible only by means of a rigid examination and are not willingly content with superficial work in their own homes. Thus a demand is created for sound, conscientious professional effort, and the average standard is raised. To balance the care of the sick and teaching, so that patient and pupil will receive the greatest benefit, and so that the great end—the better control of disease—will result, is already the aim of the best hospitals.

The sick poor in their homes, with the growing company of Visiting Nurses, has been likened to a great floating hospital whose wards are the wards and districts of the city. Why not apply this teaching principle there also? It is not easy to make a friendly entrance into the houses of the poor. Many of them consider themselves

a folk apart; they have their own ideas of personal right and dignity. They resent an intrusion that does not respect this, and a visitor who does not know it will have little influence and may be treated with the scant courtesy he deserves.

There has developed in the last few years a new form of dispensary for the treatment of the sick poor, which associates the nurse with the physician in this care which follows the patient to the home. These are called Social Dispensaries. The first one established in Cleveland was the Tuberculosis Dispensary. In fact the social dispensaries everywhere were in the beginning of this movement tuberculosis dispensaries. Now there are social dispensaries for babies and for women. The general dispensaries, which formerly were equipped only for work in institutions, have adopted the idea, and in many instances added nurses to their staffs who visit patients in their homes when necessary.

These dispensaries could and should be used for teaching in a peculiar way. As a rule social dispensaries deal with a special class of cases. These groups are not usually seen, or are not easily accessible, in hospitals, and consequently students and nurses are not acquainted with them—at least not to the degree made possible by their management in the social dispensaries—and not at all familiar with the methods that are pursued by the dispensaries to reach and supervise the homes and thus maintain a continuous control over the patients.

Every Visiting Nurse should therefore take part of her training in a social dispensary, for she there meets and studies patients with diseases of which she has seen but little, learns the needs of close co-operation between the home and the dispensary and the importance of exact methods in investigation, records and treatment, besides gaining a broad social experience.

But especially important is it that the men whom the municipality asks to serve as district physicians, and upon whom rests the responsibility of the medical care of the

poor in their homes, should have the experience that comes in serving in the social dispensaries. Every physician who treats the diseases of the poor should know the poor. The social workers know the value of social training in the physician and they all also deplore the lack of it in individual instances. District physicians should be selected not from their medical knowledge alone, but from their sociologic training also. This additional experience can best be gained in the social dispensaries. In the interim between his appointment and his assumption of office the future district physician should be expected to serve in a social dispensary, and now, since two such dispensaries are operated by the city, suitable places could easily be found for them. Moreover, any social dispensary would be willing to entertain and assist any physician under such conditions. At present the Visiting Nurse Association keeps a nurse in training at the Tuberculosis Dispensary, and will probably have another at the Babies' Dispensary. All the more reason why the health authorities should demand a similar training for the physician whom they ask to do his best work in caring for the city's poor.

We now have a science of Sociology, and representatives of it occupy chairs in some of our universities. The laws, methods and principles of this science can no more be understood without study, training and experience than can the principles of any other science. Those, therefore, who assume to practice it, even in an elementary way, should be asked to put themselves in the way of knowing it.

Hospital Social Service as Bellevue Hospital Sees It

BY S. TEN EYCK BOURKE.

An authoritative statement by **Miss Mary E. Wadley**, Executive Secretary, Social Service Bureau, Bellevue Hospital, New York City.

Hospital Social Service, embracing the after-care of patients discharged as convalescent—which may accurately be epitomized Hospital Extension Work—is, as Mr. Homer Folks tersely puts it, “Simply common sense applied to getting well.”

It is the common sense link between the patient and possible available resources, which enables doctors and nurses in crowded hospitals and dispensaries to efficiently supplement medication and advice, and render effective the hospital care. It is the weapon common sense levels against conditions, which, without its co-operation, would negative that advice, nullify that care for the poverty-stricken, or temporarily incapacitated man, woman or child about to leave them.

The convict leaving prison, usually with health and mental faculties unimpaired, often with some acquired useful trade, is given a complete outfit of clothing, his railroad fare home and five dollars, with which a beneficent government elects to fortify him against immediate destitution and its inevitable temptation to crime, or other act of desperation.

But what of those waifs of fortune, newly released prisoners of Nature: the homeless, friendless man, his faculties at lowest ebb, emerging from the grip of typhoid into the blasts of December in clothing that barely sufficed to keep him warm in the chill of early October, his last cent gone, with no knowledge of the resources of the city which might help him—his one sure prospect that of walking the

streets all night until he drops and is dragged to the station house, or gathered into the hospital again, in far worse condition than before? What provision does the state make for him when medication ends? Is there not such a thing as putting a premium on vice?

For such as him Hospital Social Service is constantly, and with growing efficiency, reaching out. For them there is special need of convalescence, and the provisioning care it provides, until strength, and with it ability and initiative, are restored. This modern hospital branch takes over the personal troubles and burdens of the patient, before and after medication. In cases where a man, taken suddenly ill, leaves a family destitute, or a mother is anxious about small children left uncared for, it provides for their existence. Visiting Nurses of specialized training, and skilled knowledge of sanitary science, go to the homes, to teach hygienic living, cooking, a proper co-ordination of the small means at command, thereby enabling patient and doctor to fight for recovery under equitable conditions, and in the final analysis, to send the former back to a home vastly improved under skilled tutelage.

Social Service Work takes cognizance of the therapeutic value of decent personal appearance and surroundings, in engendering the basic self-respect imperative to enable one to attain speedily to self-support, and prevent the return to a hospital cot. For the men and women struggling out of the inertia of sickness, with no idea where to turn for employment, every effort is made to aid them to resume the battle of existence—and to return, at least in efficient work, what they have received.

When necessary the Bureau secures the patient admission to one of several convalescent homes in the country, with which it is affiliated, where for two or three weeks he enjoys rest and abundant nourishment. Subsequently it suggests industrial openings befitting his ability, and secures the co-operative assistance of the established charitable organizations where such help is needed.

Of what use is medicine to the man whose one hope of

warding off tuberculosis depends on abundant nourishment and open-air employment, when his very devitalized physique curtails his working capacity and consequently his ability to secure either? How can a woman with a foot badly swollen, where she stepped on a rusty nail, with blood poison threatening, take time properly to care for it, when there are six hungry "kiddies to feed and clothe, and her husband run over a matter of three years ago?"

Or, reaching farther back in the pathology of sickness, there is the case of Michael Brady, truckman and bread-winner. Already racked with the pain and fever of pleural pneumonia, frightened visions of the home where he is so much needed torture him; he cannot sleep, his temperature will not drop while he is worrying about little Mary. The bit lassie is doing fine at school, but none too strong and needing milk and eggs. For her sake he faced the biting wintry wind on his heavy truck, till the pain got him, and the ambulance brought him to the hospital—only just in time. What will become of Mary now? The wife is dead, and although a neighbor keeps an eye on the child, he's needed sorely himself.

Right here Social Service marshals its forces: its skilled staff, nurse, sociologist, investigator, expert adviser, by mutation of specialized training, the social worker; its affiliations with charitable organizations organized specifically to relieve specific needs; its slim but sufficiently elastic resources for contingent emergencies. It fits the needs of all by a common-sense regulation of conditions at the crucial moment.

The worker sent by the Bureau for a home visit is primarily benefiting Michael when she sees little Mary; the tonic the child needs goes to the account of his cure; such a visit each day will supply the personal supervision necessary; at the solicitation of the Social Service Executive Secretary, the A.I.C.P. (Association for Improving the Condition of the Poor), interviews the landlord, who is not bad hearted when he understands the trouble, and provides the rent. Michael has no further need to worry until he

returns from the Convalescent Home, where he is to gather fresh strength for little Mary's sake.

Primarily Social Service has only to do with material relief as it concerns the successful treatment of the patient's physical condition, but has it not become a therapeutic measure to give the doctor a fair show with Michael by improving the home conditions?

Young Tom Brady does not go back to the crowded department store with its vitiated air that choked his lungs, and the wet floor at the soda fountain, where he worked in poorly patched shoes (because he couldn't buy new ones on his scanty pay) and contracted the racking cough that sent him to the hospital. Instead, a couple of weeks at a Convalescent Home, where air, and milk and eggs are plentiful and fresh, and later a job on a farm, or at some outdoor work may suffice to ward off the "White Peril." Or, if his case demands protracted care, there are the sanatoria of which he has never heard, which open for him at the appeal of Social Service.

The brave little mother finds help miraculously provided. Some one with fifty dollars clamoring to be spent for some less fortunate person, has sought out the Social Worker for advice in its bestowal. "Mrs. Clancy, of course. The Bureau can arrange for a little outing for her and the children . . . the Convalescent Homes are so good . . . But there's the rent due, and some things needed. You'll enjoy helping Mrs. Clancy—she's such a cheery little soul." Expert adviser that it is, Social Service has intervened! By nice adjustment the integrity of the personal equation is maintained between recipient and donor, both are guided and protected in the legitimate expenditure of money. Without loss of self-respect the anxious mother is tided over the "bad moment" that threatened to disrupt her home, and the charitably inclined helper has a warm feeling in her heart whenever she recalls the relieved look in Mrs. Clancy's eyes, and the children "that rosy with their bit treat in the

country you wouldn't believe it m'am; an' snug in the war-rm dresses you sent. . . . My knee? It's doin' fine."

So by nourishment and fresh air for the man, by the timely assistance for the woman, adequate convalescent care for the typhoid, Hospital Social Service has averted chronic invalidism for the individual, and prevented the spread of disease by contagion among the aggregate body. More—the community has benefited by the restoration to it of efficient industrial units to swell the annual civic increment, and by the corresponding reduction of the tax which illness levies on good health.

Its co-operation ensures that the physician's time and skill is no longer aborted, that hospital expenditures for treatment and expert advice are not wasted. It permits for the first time, the fulfillment of the tacit promise to effect cures—hitherto negatived by the stress of actual conditions—on which hospital and state, or municipality, ground the appropriation of funds for hospital support.

By effectual value and synthetic potentialities in supplementing medical requirements by immediate and future relief, it justifies its installation and furnishes hospital and state with the logical solution of a problem in which honest return to the taxpayer is an inherent syllogistic premise.

Almoners have in the past to an extent supplied such needs; some few have commanded the services of paid workers. But the hospital fulfills neither the letter nor the spirit of its engagements where, for such service—which Hospital Social Service efficiently coalesces and centralizes—it depends either upon individual or institutional philanthropic assistance.

Hospital Social Service transmutes otherwise sporadic work, often ill applied through lack of specialized training, into an organized department of expert advisors to hospital patients, and co-extensively to the philanthropically inclined. Distinctly a theapeutic undertaking, Hospital Social Service demands medical understanding, the closest co-operation from within—from medical staff and Superintendent. Interdependently in this, work requiring for

the highest achievement of its purpose among the sick poor experience fraught with familiarity with the sick, the discipline of hospital work, the eye trained to observe, the hand and mind accustomed to act quickly and skillfully, the nurse's training is essential for its workers.

To be properly effective Social Service must be as integrally a part of the hospital as its medical, surgical or other clinics, and will in time be specifically designated the *Social Clinic*. No extraneous relief organization can cope adequately with the problem of the homeless man walking from the hospital gates into the streets. Succor must come from the bowels of the very institution that medicated him when he lay helpless, baring in his weakness the confidence that he would withhold in strength. No other organization can hope to assume or be properly in touch with him in the psychological moment of his need.

This link of common sense—Hospital Social Service, or Hospital Extension Work—must in no wise be confused with *visiting nursing* [district nursing] nor with *relief work*. Neither one by itself is competent to cope with the needs this clearing-house supplies. It is essentially by the amalgamation of these two branches that Social Service has reached to its high plane of common sense results.

In defining the precepts of installation, it is imperative to bear in mind the different needs with which each hospital has specifically to cope by reason of the different social status of its patients, and the given municipal conditions in which it operates. Again in many features the needs of ward patients and of out-patients are essentially divergent. The latter pre-supposes a home, while the majority of the free city ward patients belong to the furnished room or homeless class. These latter predominate at Bellevue Hospital, where the simpler cases of temporary impoverishment or chronic needs are complicated by problems peculiar to a city such as New York, with its enormous foreign population and crowded area of living space. There are the immigrants, ignorant of the language in which they could make known their needs. There are boys, friendless

and starving often, runaways sometimes—New York is the Mecca of many such, and is also unique in its vast cohorts of “newsies;” there may be anxious relatives waiting to help if they only knew, or some Boys’ Home, or a member of the Big Brothers’ Association who will intervene and save a return to a hospital cot. The prison wards, a feature unknown in most hospitals, with their attempted suicides, total an appalling and pitiful array of sufferers, erring to be sure, but for that reason the more in need of the friend Social Service designs to be.

Out of its experience in this, probably the largest and most intensive field of operation, Bellevue Hospital predicated its interpretation of the practical meaning of Hospital Social Service. As that Service stands there today, it comprises: 1st, Convalescent Home Care and General Relief Work; 2nd, Child Welfare Work; 3rd, Psychopathic Work. It operates in three divisions—General Social Service, Jewish, and Tuberculosis—each backed by an influential committee, the members of which not only do volunteer work, but supply funds for emergency work. Nominally under the control of the Bureau’s Head-Worker, the Executive Secretary, each division acts, *sui generis*, under the impulsion of its own immediate head. The Bureau generically is under the control of the Bellevue Training School for Nurses, and administered by an Executive Committee representing the Hospital and Training School governing bodies; i. e., the Trustees, Medical Board, Department of Charities, State Charities Aid Association, Manager of the Training School, and chairmen of the special volunteer committees which co-operate with it.

The Tuberculosis Work is peculiar to itself and too comprehensive for the scope of a general statement; but it and Child Welfare Work—probably the most successful of Social Service branches—afford the best opportunities for the Social Service Visiting Nurse. She, the Visiting Nurse, attends at the homes of all children patients of the hospital in the wards, the Dispensary, and the Day Camp, and conducts the vital propaganda of right living, instructing the

mothers in the proper care of children, and correcting, in so far as possible, all home conditions conducive to disease.

The Jewish Division, inaugurated at the suggestion of Dr. Stephen Wise of the Free Synagogue in 1907, supplies its own fund for Relief, and volunteer workers (with one paid director) who care for all Jewish patients.

In the matter of expense, beyond certain appropriations, the committees must purvey all funds for extra salaries for workers and emergencies requiring immediate relief, by individual responsibility, and further contribution. As Social Service proved itself, the city appropriated for Bellevue and Allied Hospitals, salaries for five nurses—to be supplemented shortly by three more for new branches to be opened—the hospital furnishing offices, telephones, printed matter, a proportion of office equipment, etc. The A. I. C. P. provides a worker, besides the assistance rendered by the Board of Education and Crippled Children's Association in connection with the work of the Day Camp.

Dr. Cabot's success in Boston inspired Dr. Armstrong, the then Superintendent of Bellevue Hospital, to inaugurate Social Service there in 1906. In the practical development, with the concurrence of the Board of Trustees, the Hospital provided offices and a nurse, and a few months later a much needed assistant, to further the work.

In organizing, this Head Worker, now Executive Secretary, endorsed by the head of the Bellevue Training School, visited and familiarized herself with the larger charitable organizations, to establish personal relationship and bespeak their interest; the Directory of Charities serving as an invaluable text-book to the resources of institutions and societies which might furnish co-operation.

Growing familiarity with the philanthropic agencies revealed the remarkable specialization of their undertakings—preventing duplication of work—and demonstrated the advisability of referring all cases from the Social Service Bureau directly to the smaller agencies, rather than, as at first, to the larger societies as distributing agencies for reference.

In the inception of the work, needy cases were found by making daily rounds in the wards—old Bellevue has fifty wards with a bed capacity of over 1,000 patients. Increasing growth in the work speedily precluded a systematized daily inspection, and nurses, doctors, and visitors co-operated by reporting cases to the department; the workers visiting the wards in response to the telephone calls. A routine of office work in arranging for the ultimate disposition of the cases ensued, adjusting itself by actual experience in operation.

Further than these two salaries, the office telephones and printed matter—which the hospital furnished at its own expense—the Social Service had no general fund in sight. Bellevue Hospital being a city institution, the city charter forbids it to furnish material relief. Therefore a small private relief fund was contributed for emergencies: carfare to convalescent homes, to the offices of charitable organizations prepared to take over cases; temporary lodgings and food to bridge some self-respecting person over a crisis; even clothing, warm underwear, shoes with whole soles, maybe an overcoat, which must be provided at times before a patient may go decently from the hospital. It is, let us say, in some measure the equivalent for the state's gift of clothes, railroad fare and money to its released convict.

January, 1908, an Emergency Fund Committee, more or less in touch with the whole hospital situation, was formed to give the work practical backing; to insure by personal responsibility and collection, funds for these immediate demands, and to supervise its proper disbursement. This fund is applied solely for temporary relief which must be furnished without delay; protracted relief is referred to the established charitable organizations. It is the Social Worker's part, not only to familiarize herself with the specific functions and regulations of all such, but to follow up all cases, referred or otherwise, until she is assured her oversight is no longer necessary.

In sum then, "Common sense applied to getting well,"

strikes the keynote of Hospital Social Service—to which Dr. Cabot's dictum that a competent medical director is needed in the hospital and dispensary for successful installation lends enlightenment.

A Day's Work in a Down-Town District

By MISS GERTRUDE BARNES.

It is my pleasure to have you spend a day with me in one of our most interesting down-town districts. Be sure to dress for bad weather for it is uncertain this morning and we may have snow or possibly rain and mud by afternoon. Yes, wear your rubbers, because many of our streets and alleys are dirty and some are unpaved. Our day begins at eight o'clock. If you will meet me at Superior avenue and East 31st street we can walk north to our station in the Goodrich Cottage. Here we have our desk and linen and medicine closet in the Boy's Cottage—also the use of the telephone. Now I will have to ask you to wait while I do up a package of dressings to be left at the Girl's Cottage as we go out. Mary Ragan comes to a club meeting this afternoon and will take these dressings home to her father who has a tubercular hip. He is able to do his own dressing but cannot buy necessary gauze and cotton. There is no resident at this cottage so our calls must be taken at the Girls' Cottage or at our main office, but this morning there is a note on my desk, signed by the cleaning woman, asking the nurse to go to see a sick baby. If some one will telephone our main office for me I can finish packing my bag. Yes, a call from the Associated Charities and one from Lakeside Hospital.

Now we are ready to start. It takes only a moment to run into the Girls' Cottage with the package. Since we have to take a St. Clair car we might call at this house on our way. The kindergarten teacher wishes more pupils and I am sure, if we suggest it, Mrs. Myers will let

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the triplets, who are boys of five years, go. They have known us all their lives and some member of the family is under the care of some of our nurses most of the time. We must enter by the side door, for the front is closed during cold weather. The kitchen is untidy and the table shows signs of a meal just finished, and if you look into the other rooms the beds may be unmade; but with eight children, five of whom are under five years of age, it is not easy for the mother to do all the washing, ironing, mending, baking and cooking.

The father earns \$1.50 a day and this keeps the family, and as far as I know they receive no material aid. We must speak very loud, for the mother is deaf. No, she does not hear the baby crying, but the older girl is rocking the cradle now. She knows almost as much about the care of the baby as her mother does, in fact she has always taken the baby to the Dispensary. Are you surprised at the quick response to our request to send the boys over to the kindergarten next Monday? Remember, there are years of work back of this call. Now we will take the car in toward town.

Before we reach the next home let me explain how the call came to us. Yesterday morning Mrs. Dombowski was late at her work somewhere in the East End—her excuse being that the woman downstairs had a new baby and she had to care for her. The woman in the East End telephoned our office and asked to have a nurse sent out. I found the patient living on the first floor of a house in the rear of a large tenement. They rent four rooms and sub-let two, leaving for their own use one dark bedroom and the community kitchen. This Slavish woman had intended to have a midwife but was unable to get one. The neighbor from upstairs had been her attendant and only helper. The woman was on a husk mattress and had a dirty comfort over her—the baby was wrapped in rags. The friend from upstairs acted as my interpreter and proved a good helper as well. There was little that could be done, but they were told if they would send to

the cottage for linen we could loan it to them and that today I would come and care for the woman and baby. We turn in here—yes, it is all right to walk right in for this is a common hallway. What? A table covered with linen! Our helper is counting it and also numbering the articles in the baby's outfit, all of which they expect to return later. And do notice, the floor has been scrubbed and covered with newspapers and our patient has undergone a general bath. You are most interested in the baby so we will bathe him first. The light is good here so we will use the kitchen table. No, he does not object to having his bath in the dish pan, and what else is there to use? Have you ever seen a sturdier little American? These clothes are made and furnished by the Needlework Guild and are such a help in our poorer maternity cases. This second outfit is to be used tomorrow, and with two we can exact a clean one every day. Now, you do not mind holding the baby while we care for the mother, do you? Here is a new gown ready to put on the patient. How different the mother and baby look between these white sheets—one does not need an interpreter for that bright smiling face. Before we leave let us inquire about Josephine's diet—do you see that she is drinking black coffee from that bottle? Eighteen months old and cannot walk! When the mother is better both babies should be taken to the Babies' Dispensary, but it will not be easy to convince these parents of the necessity for proper diet.

Our next call is upon Walter, who is five and a half years old. Walter is barred from the Day Nursery because of impetigo, the skin disease so often found among neglected children. His mother is a deserted woman and makes the living for herself and child by going out to wash and clean. Evidently Walter does not hear our rap so we had better go in the alley and around the house to the side door. No, that is not the door—that leads into a room which is occupied by some men. They are having their lunch of beer and bread now. These men are not

as bad as they look through that dirty window. The first time Walter's dressing was to be done he was in there and they were so willing to heat water, get a basin and make themselves generally useful that I thought we were in Walter's own home. Small wonder we could not make ourselves heard at the front door—here is Walter with the fire shovel trying to get some coal from the slack which is frozen to the shed floor. He looks up and says, "Wait until I get some coal—my mother said I should keep the fire up." All right, we will help and save time. You can put it into the stove, Walter. See how he goes about it—filling the shovel and placing it on the hearth. Yes, he is too small, but see him climbing onto the hearth. To be sure, you can take the lid off and put the coal in, can't you, Walter? Come, let us get your hands treated—these bandages were put on yesterday, but coal heavers never can keep clean. What are the good things you are going to have for dinner? "Oh, milk and mush and some cakes." But how do you know when to have dinner if you can't tell the time? "I just wait 'til the whistle blows." While we are busy you might look and see the good things for dinner—cold dry mush in a dish on the shelf, milk covered with soot in a pail on the table with the dirty dishes and a few broken graham crackers in a paper bag. Would you like to stay here and lunch with Walter? Walter's mother is always in demand for cleaning and washing, but what is there in her own home to recommend her?

We can walk to the next patient. If we go "single file" we can cut through this narrow passage. There are thirteen families living in these three small houses. Here is Mike to open the door for us and he seems to be caring for his mother. She is the widow of a man who died of tuberculosis eighteen months ago, leaving her to care for herself and four small boys. She has worn out at the task and although the city physician can find no definite cause the woman herself fears the same dreadful plague which overcame her husband. The Associated Charities are providing food and clothing for the family

but refer to us for nursing care. There is little we can do in real nursing today, but suppose we give Mrs. Sedlack a card and ask her to go to the Tuberculosis Dispensary the next good day we have—there they can either free her mind of its load, or, if necessary, give her the best chance to overcome the disease.

It is not far from here down-town. Shall we walk through Oregon street? This street represents an old-time residence district—with its small frame cottages, each having its own door-yard. From their present unpainted and unkept appearance, and the number of families crowded into them, they have surely outlived the purpose for which they were built.

As we start our afternoon's work it might be interesting to you to see some of the old broken down tenements and the people who live in them, but we must hasten along to our new call. We go to the side door of this style of house for the front room is nearly always rented to men or women who work at the shops all day. This is the place. Mrs. Schmidt cannot speak English, but she knows the nurses' uniform. Yes, you come right in, too, for here is our patient, Mr. Schmidt. Fortunately he can speak English, and says he was burned a week ago and has had his family physician caring for him, but he cannot come every day—he was not here yesterday, but they have telephoned for him today. That white mask on Mr. Schmidt's face covers deep burns, and see, his hands are bandaged, too. You might wait here until I go to the nearest telephone and learn what the doctor wishes done. Good! The doctor is very ready to co-operate and advises hospital care if we can get it. I have found that Lakeside Hospital will admit Mr. Schmidt, so I have called the invalid carriage which will be here soon. Here comes the doctor. You need not stay in this room any longer if the odor sickens you, and your presence in the kitchen may be a help to Mrs. Schmidt. The mention of hospital has frightened her and the children are crying because she is—and there come two neigh-

bor women, both **alarmed** over the news which has been scattered along the street. How fortunate **we are to** have the doctor here to explain the need of special care—more care than he can give in the home treatment. Mr. Schmidt says he will go, but the doctor is having to repeat all the conversation to Mrs. Schmidt. Thank you, Doctor, if you see that the patient gets off it will help us, and unless we can be of further service we will go.

A city physician has arranged for and asks us to get a year-old baby and take it to the City Hospital. He has discovered this baby with badly infected eyes and wishes the case cared for at once. Here is our number—the building in the rear and on the second floor. While I get an interpreter you might note the furniture and the occupants of these four rooms. This is the sitting-room, bed-room and kitchen combined—did you ever know a cook-stove to throw out more heat? The doves in that cage look as though they might drop from their perch any moment—the dog with his head under the stove surely is having heat prostration—the baby in the crib beneath his down pillow must be melting, and see those swollen eye-lids! The mother looks worn and tired, but the bread **must** be baked and the cooking **must** be done and the heavy shirt hanging over the stove **must** be dried. Our interpreter says there are four men roomers and boarders beside five children and their father to cook for. The mother will not let us take the baby and she will not take him herself. She says, "Nothing wrong, just a cold in his eyes." This is not a case for persuasion, but rather compulsions and there is no time for delay. When we reach the corner drug store we can report to the Humane Society and we know that in the briefest possible time this baby will be where he can get the proper treatment—and the Society for Prevention of Blindness should have their attention called to this case also.

Now to the baby who was reported to us this morning. He has had to wait so long—I hope he is not very ill. It is getting so dark the numbers do not show, but we will

try this house. In that door and upstairs—can you see where the step begins? Oh, yes, here is the first one—now we can find our way. Katie must be waiting for she is coming with the lamp. Katie is the one who called at the cottage—she has a nurse at school and she knows there are nurses for babies, too. How quick she is to repeat what we say to her mother! This kitchen is neat in spite of the fact that it is one of the two rooms occupied by a family of six. The fire in the cook-stove is roaring and the little round stove here in the bed-room is red to the top—but the baby is very sick and must be “kept warm.” Hear his piercing little cry—and see how feverish he looks. Katie, you can tell your mother to give the baby a warm bath—he had one today? Well, this is not to make him cleaner, but just to make him cooler. What! Another baby sick just like this? Well if you show us where, we will go while your mother bathes the baby—tell her to open the window after she has him back in his crib. Right across the back yard is nearer—look out for the ice there and I have run into a clothes line. Katie, you go too fast. Now that the door is open we can get along better. What a crowd of boys—five and two girls. This baby is a year old and there does not seem to be any immediate care needed. Katie, you tell his mother to take him to the Babies’ Dispensary tomorrow. She is sick, too? Where is she and what is the trouble? We can go into the bed-room to see her. Katie, you tell her it is better to have a doctor and if she will have the Maternity Dispensary doctor the nurse will come every day and care for her and the baby. Will you wait one moment while I go up and see how the bath affected Katie’s baby? He is sleeping and breathing the first fresh air he has had since winter began—Johnnie is on the floor beside the crib keeping it rocking and everyone else is in the kitchen.

It is late, so we will not return to the cottage tonight, but rather board the first St. Clair car that will stop, and transfer at 55th street for home.

A Day in the Neighborhood of Alta House

BY MISS FRANCES BROWN.

My day in the Alta House neighborhood begins even before I reach my station at eight o'clock in the morning. As I come up the long hill, the streets are filled with the inhabitants of "Little Italy." The grandmothers coming from early mass, the older children on their way to Murray Hill School and the little ones being led by mothers or grandfathers to the kindergarten at Alta House.

I am greeted by the familiar "Buon Giorno" from the older people, or "Allo Medicasse" from the children, and am frequently stopped by requests for this or that. Either it is Tony, who every time he meets me, wants to go to Fresh Air Camp, or it is Frances of six, who says, "My baby's got a sore, when can my mother come for the medicine?" I tell her to come at one o'clock and we will see.

I am stopped this morning by a woman leading a little boy of five. She tells me in broken English that he had fallen and twisted his arm. She had the grandmother of Angelina, an old woman of the neighborhood, who knows all about broken bones, fix it, but it is now three months and he can't use it yet, and she guesses she doesn't know much about setting bones anyway. Examining it, I see what seems to me the result of a very bad fracture, improperly set—and as they are poor people I tell her to be ready tomorrow at one o'clock and we will go to Lakeside Dispensary and see a "specialist."

Arriving at Alta House, I find work awaiting me. A woman is sitting in the hall with a baby under her shawl. She looks very much distressed and wants to see the "Medicasse." She tells me that the baby is sick—it has a fever—high—high—and in the night she really thought it would die. It cried all the night and as soon as it

took the milk it "threw it away" and "Oh! Dio" what must she do. The baby, she says, is five months old and has been fed on condensed milk since birth, and sometimes it eats, too. It looks overfed and has that white, flabby appearance of babies brought up on condensed milk, and cries constantly. So I tell her that the doctor for the babies is coming at two o'clock, and she must bring the baby to see him.

As this is my day in the Babies' Dispensary, it is necessary to go out and make some calls in order to have a good clinic, for the mothers constantly forget which day the doctor comes although I have been telling them twice a month for over a year.

The mothers are always glad to see the Visiting Nurse—poor mothers, their lives are very narrow. Outside of raising the babies and caring for their two or three little rooms, they have nothing else. They would like to have me sit down while they talk to me of everything, the children, the debts and finally of their beloved "Italia." I would gladly sit and listen, but I must make many calls this morning, ten or twelve, perhaps, so I tell them again to please try to give the baby only milk and broth as the doctor ordered and not to give him macaroni even if he does cry when he sees the family eat it, for the crying won't hurt him as much as the macaroni, and they promise me to bring the baby up and have him weighed on Thursday.

There are some encouraging cases. Little John Tisi, who has had measles, pneumonia and empyema, I find sleeping out of doors as the doctor ordered. His father constructed for him a little sleeping place with some boards and a blanket.

I find Paulina, a young married woman of the younger generation. She has belonged to an Alta House club since she was a little girl and has absorbed some of the new ideas. She did not bind her baby, and is feeding it faithfully every four hours as the doctor said, and giving it boiled water, too. She says, "My mother-in-law says

I'll kill him, making him wait so long, and giving him water to drink, but I'm going to try it and he has never been sick yet."

Down on Carabelli street I find a baby of ten months whose little head and face are covered with impetigo. The baby seems to be suffering intensely from it and I beg the mother to bring her to the doctor and get some medicine for it, but she says, "No, it is Il sfogo di salute," (the eruption of health) it is the bad coming out and if you put medicine on you will send the sickness in and kill the baby! There is just one thing you can do. If you can find a man who has killed another man and pay him a dollar and he passes his hand over the baby's head—the sickness will get well quick.

And she won't promise me to come.

It is now a quarter of ten and I must go in. The dispensary, that is used as a club room at other times, must be put in order, the tables and chairs arranged and the babies weighed before the doctor arrives. There is a large clinic this morning and not one that can speak English. We take only well babies under fifteen months for directions in feeding, but the mothers constantly forget that and bring us any of the children regardless of age or disease.

There is one little fellow of three with infected glands of the neck, whom the doctor referred to Lakeside Dispensary. A little girl of six, whose mother brings her because she always gets "the fevers," and the doctor after questioning her refers her to the Tuberculosis Dispensary. A baby of eight months with a high fever and rapid respiration, the doctor thinks has a beginning pneumonia, and as they are not poor he sends them to their own private doctor. A woman brings us a tiny red baby of twelve days because she used to take her other one to the dispensary down town and it got better with that milk. My baby of the morning is there. The doctor thinks the trouble is caused from improper feeding and orders weak tea or boiled water for twenty-four

hours and castor oil. He asks me to go to the house and make the tea and give the castor oil and see that they are started next day on Babies' Dispensary milk.

When I return from my lunch at one o'clock, I find a crowd awaiting me in front of my little dressing and supply room down stairs.

Frances' mother is there, and the sores are impetigo, so I give her a box of simple ointment, for which she pays me five cents. There are two children with infected fingers, one with a burn, a man with a note from his doctor asking me to do his dressing, a woman who wants to know why the lady down town don't bring any more milk tickets, another who wishes to borrow my icebag, and finally Maria Pasquallo who keeps the saloon. She has had varicose ulcers for twenty years and has been coming to the Alta House Nurse for eight or more. She always says, when we have finished, "Il Dio benedica quelle mama che te ha fatto," which means, "God bless the mother that made you," and pays fifty cents a visit.

When I have finished and go upstairs I find a note in my box. It is a telephone message from a neighborhood doctor and says: "1821 E. 123rd street, pneumonia, bath; 2024 Murray Hill, pneumonia, instructions."

At E. 123rd street I find little Mary very ill. Her temperature is 105 degrees, respiration 60. She is lying in a close, dark room, wrapped in innumerable shawls and blankets. The doctor has ordered a bath for the fever but the mother was afraid. "Mary is too weak," she says. So we get out the wash-tub, send upstairs to borrow another kettle of hot water and put Mary in. She cries constantly, "Oh, Di! Oh, Di!" and the mother thinks the water is much too cold, but we keep her there fifteen minutes and then wrap her in the nice warm shawl the neighbor women have been holding over the kitchen fire. Then I put up the blinds and open the windows (not too much to begin with) and tell them they must stay that way. "Yes, even at the night, too."

At Murray Hill, it is very different. They have had

pneumonia there for two or three winters and are no longer afraid of fresh air and cool baths. Little John has had his bath and the mother says she must make it again at six. The windows are wide open and all directions apparently being followed.

I have still, Conchettina, who is recovering from an operation, the result of a careless midwife. Her fever is gone now, but she is still weak, and the doctor wishes her to have fresh air and forced feeding for the sake of the little month-old baby and it needs constant urging to keep the windows open.

And lastly, Grandma Valentino. She is nearly eighty and sits by the fire all day. One day, in some sort of a fit, she fell over on the stove and was badly burned. The family dressed the burns with scraped potato and candle wax and infected her terribly. One day the school nurse, in making her rounds, discovered it and told me, and now I am taking care of her.

It is four-thirty, getting dark, my reports are yet to be written, and when they are finished my day's work at Alta House is over.

News Notes

The Visiting Nurses of Rhode Island have recently organized a State Visiting Nurse Club, the object of which is mutual benefit and sociability.

The meetings are held monthly and consist of lectures on any subject suggested by the nurses, reports of conventions, etc. After the meeting, a social hour is enjoyed. These gatherings are filled with opportunities for all the nurses, as they bring together from all over the state the nurses engaged in district work, which gives them a chance to compare and discuss their problems with the workers from larger and smaller centers. They often return to their own field of labor, satisfied that there exist the same and sometimes worse conditions than those with which they are dealing.

The Toledo District Nurse Association moved into new quarters on Jan. 1, where, in addition to the office and loan closets, there is a dispensary for women and children, in charge of a staff of competent physicians, with one room to be used as an emergency hospital for babies if a case arises which necessitates a child remaining over night.

On the lawn at the rear of the building a day camp for babies will be established for the summer months. One of the rooms is fitted for dental work, and here children, otherwise unable to secure treatment, will be given care, certain dentists of the city generously donating their services.

The Visiting Nurse Association of Cincinnati is just one year old, but is already showing wonderful growth and strength. It employs fifteen nurses, twelve of whom are engaged in the regular district work. They are affiliated with, and have undertaken the nursing work for, the Maternity Society, the Catholic Visitation Society and the Anti-Tuberculosis League, and three nurses are on

duty during clinic hours at the Ohio Miami Medical College.

With the beginning of this year a nurse is to be placed in charge of the Babies' Clinic, most of her time to be given to the instruction of the mothers in their homes.

The Instructive District Nursing Association of Boston recently made an appeal for money to be used in experimental work among suspect contagious cases. The association is anxious to show the value of prevention before disease actually declares itself. If a patient's symptoms do not permit of a complete diagnosis—perhaps for several days—and contagion is feared, the general staff nurses cannot take the case. If a special nurse could be sent to care for such patients, the necessary instructions could be given, other members of the family and neighbors, would be saved from infection, and the value of prevention and care would be proved.

Last year, the association carried out an experiment among declared contagious cases, sending two nurses to care for diphtheria and scarlet fever cases, with the result that the Board of Health now employs four district nurses, under the supervision of the association, in this work. The suspect contagious cases, however, receive no nursing care under present conditions, as they do not come under the Board of Health; and the District Nursing Association is anxious to show the great importance of this work and the need of having nurses assigned to do it.

In response to the appeal, the money was raised and is now being used for this purpose.

Work of the Chicago Visiting Nurses. "Pointed recognition of a nobly beneficent work was given from a high official quarter when Health Commissioner Evans, in his address at the annual meeting of the Visiting Nurse Association, intimated that such methods were worthy of wider application and predicted that similar agencies would come to be employed in social service by the federal government."

Bellevue Hospital Day Camp. An interesting feature of the tuberculosis work of the Social Service Department of Bellevue Hospital, New York, is a Day Camp, maintained on an old ferry boat, moored at the foot of the hospital grounds. From eighty to one hundred men, women and children live there daily from nine to five—some of the men remaining at night—and are given frequent light nourishment and a hot dinner from the hospital. Further, the Board of Education supplies a teacher for the Open Air School for Pulmonary Tubercular Children conducted on its deck; and Miss Spence's Boarding School, supplements this by supporting a second school for Crippled Children in conjunction with the camp.

Western Reserve Conference on Children. "What one of the local speakers happily described as 'a continuous survey of child-life,' is being planned as one result of the Western Reserve Conference on the Care of Dependent and Neglected Children, held in Cleveland November 17, 18, 19. Another immediate result is that the local workers in children's agencies have arranged to meet monthly at the various institutions for discussion of mutual problems." —The Survey.

The Midwife Investigation by a Visiting Nurse in Cleveland has proved of great value. From the report of the nurse it would seem that the state has been very greatly to blame for conditions because of lack of proper supervision. We quote from the report:

"The midwife comes to our country with her European diploma and a good bag containing two tin trays which telescope and hold all her equipment—glass tips, bath and clinical thermometers, scissors, tape in a small metal case, an enamel fountain syringe, bottles with their labels burned into the glass, hand brush, nail file, etc. She comes without a knowledge of our written or spoken language so naturally locates among her own people. She puts out her sign and is ready for work. She hears that she must have a license but almost at the same time she

learns that her neighbor, who has a large practice, has no "paper" and so she thinks it useless, or if she is timid she seeks advice from a local physician who speaks her language—she gets good advice or bad, but more often indifferent. If she wishes to get the state license she must have someone to advise her, and to whom can she go? Sometimes she is told that she **must** take the examination in English. Again she is sent to some adjoining state where she can take it in her own language and through carelessness she is sometimes sent to Columbus when the examinations are to be in Cincinnati.

She tries once more to practice without a license—which she knows is illegal. After a time she discards her European bag because it is not like the one used here, and in its place she gets a cheap small one and transfers part of her equipment to it. Later the rubber douche bag and rubber tips replace the enamel and glass ones, her bottles are broken and it costs too much to keep them filled. Gradually she grows more and more careless and in a few years a small handbag or a piece of newspaper will carry all she needs to take with her in her practice—scissors and string!

While our state permits the practice of midwifery, could the law not be enforced and make it possible for only the best midwives to practice, thus conserving many lives and lessening much suffering?"

The State Red Cross Seal Sale in Ohio. This year it was decided to inaugurate an extensive campaign for the sale of the Red Cross Seals throughout Ohio, and to devote the proceeds to the Ohio State Society for the Prevention of Tuberculosis, with a view to putting that society on its feet.

The state law permits every county to build its own sanatorium, but, owing to lack of knowledge and interest in the work, very few counties have availed themselves of this privilege. It seemed to the committee in charge that more good could be done by stirring up local interest in this work than in any other way, and it has

therefore been decided to place a State Secretary in the field, with a traveling exhibit, to aid in the organizing of anti-tuberculosis leagues throughout the state, to the end that each county may provide itself with its own sanatorium and look after its own tuberculous patients.

All of the proceeds of the sale of the Red Cross Christmas Seals in the small communities throughout the state, where there are no anti-tuberculosis societies, are to be devoted to this work. And in such places where there are already organized societies in the field a request has been made that 12½ per cent of the proceeds of the sale in these cities be turned into the state fund.

Cleveland, Toledo, Chillicothe, Springfield, Youngstown, Dayton, Canton, Steubenville, Eaton and Hamilton have agreed to donate 12½ per cent of their receipts to the state work, and it now seems that we will raise enough money this year to finance the state society for the coming year.

Tuberculosis Notes From Cleveland. With the establishment of two new tuberculosis dispensaries by the Board of Health, and a restriction of the work of each dispensary to a definite district, has come an increase in the total clinical attendance of approximately 33 1/3 per cent. The nursing force of each dispensary has had to be increased in order to care for the additional number of cases. New homes are daily being reached, and, for the first time since the work started, six years ago, an opportunity has been afforded to look up the old cases and to locate cases that have for one reason or another been lost.

A dispensary will soon be started in Newburg, making in all, four tuberculosis dispensaries.

One of the greatest features of the Red Cross Christmas Seal sale is the splendid opportunity offered for educational work concerning the subject of tuberculosis. And while the sale of seals is undertaken primarily for the purpose of raising funds, the committee in charge has not lost sight of the educational value of the work.

Five thousand copies of a recent issue of the Visiting Nurse Association Quarterly giving in detail the work of the Anti-Tuberculosis League, were distributed.

Pamphlets in five different languages were distributed through the factories by the thousands.

The employers of labor in many large factories have shown great interest in aiding in the education of their employees concerning tuberculosis.

In one large factory where 12,000 people are employed, the manager called in his foremen and spent an hour telling them about tuberculosis and the significance of the Red Cross Seals. These foremen were given a half hour in which to explain the subject to their first assistants, and then each man was given a sheet of paper with a seal on it and ordered to show it to each workman and explain its purpose. That evening each employe received his pay envelope, with a Red Cross Seal on the back, and was further instructed to take it home and report what he had learned about tuberculosis. As a result of that hour's lecture on the part of the manager, at least 3,000 people learned about the Red Cross Seals and tuberculosis.

The sale of seals in Cleveland has been larger this year than last. The latest reports show that nearly 1,500,000 have been disposed of.

Stories Told by the Nurses

BY MISS MILDRED PALMER, R. N.



gels with drooping wings and heads bowed low over clasped hands.

Near the street on a pitifully small grave stood a little Christmas trees flaunting itself bravely in its gaudy array of tinsel and gilt toys and sparkling cornucopias. Tied to its branches was a drum that, in a small boy's hands, would drive one from house and home; a horse that, when wound with a key, would proudly prance across the nursery floor; a horn that vied with Gabriel's, and, high up in the top of the tree, a Teddy bear looked straight ahead—a sphinx with solemn, unblinking eyes.

Some tiny boy in Heaven had a Christmas tree on earth.

Yet there was something more subtle, more pitiful and joy-destroying than even the death of a little child.

A Christmas Tree on Earth

In the big cemetery the snow stretched soft and white and unbroken, heaping up the graves into feathery mounds and blotting out the tiny headstones. Just outside the iron gates was the roar and hum of the peace-hungry world; but here there were only the silent paths and the figures of an-

It was as though, in this "City of Sleep," the angels stopped, for a moment, from their grey pedestals, and whispered to one another, "It is the death of the Christmas spirit."

Christmas Eve.

He stood before the lighted window of the delicatessen store, a little shivering figure clad in a coat much too short and trousers much too long. His shoes were ragged. His hands, thrust swaggeringly into his pockets, were bare. From under the peak of the canvas cap his eyes gleamed, shrewd, calculating, hungry.

Perhaps, at some time, you have stood, hungry, before such a window. Then you know the tempting golden brown of the bologna; you know how the links of frankfurters call to you, "Come, hang me over your arm!" and the ketchup says, "Put me in your pocket. I always go with the frankfurters. We're from the same town"; you remember the vivid redness of the lobster and pickled tongue against the white of the platters; you hear the sandwiches begging you to remove their stiff, oiled papers and taste the goodness inside; above all else you see the huge coffee percolator in the center of the window, sizzling, steaming, bubbling, like a stuttering auctioneer begging you to taste his wares. Then I wonder if you remember a frosted Santa Claus jumping aimlessly up and down above the percolator, a personified mockery!

The boy crept up into the shelter of the doorway and watched the crowd drift by with their bundles of cheer. It was bitter cold. In the glare of the electric light the whirling snow flakes fluttered weirdly large and many colored.

Soon the lure of the window drew him again. He felt suddenly dizzy. The ketchup bottles danced unsteadily toward him. He had eaten nothing for ten days but crusts and black coffee. He doubled his fist unconsciously. "Gee!" he muttered, "I'd like to bust that window!"

He backed resolutely away, turned up his abbreviated collar and pulled down the absurd peak of his cap; then, fascinated, looked back for one last glimpse of the giddily-dancing Santa Claus.

"I don't want nothin' off'n Santa Claus," he said to the storm, "but I wisht I had one o' them sausages."

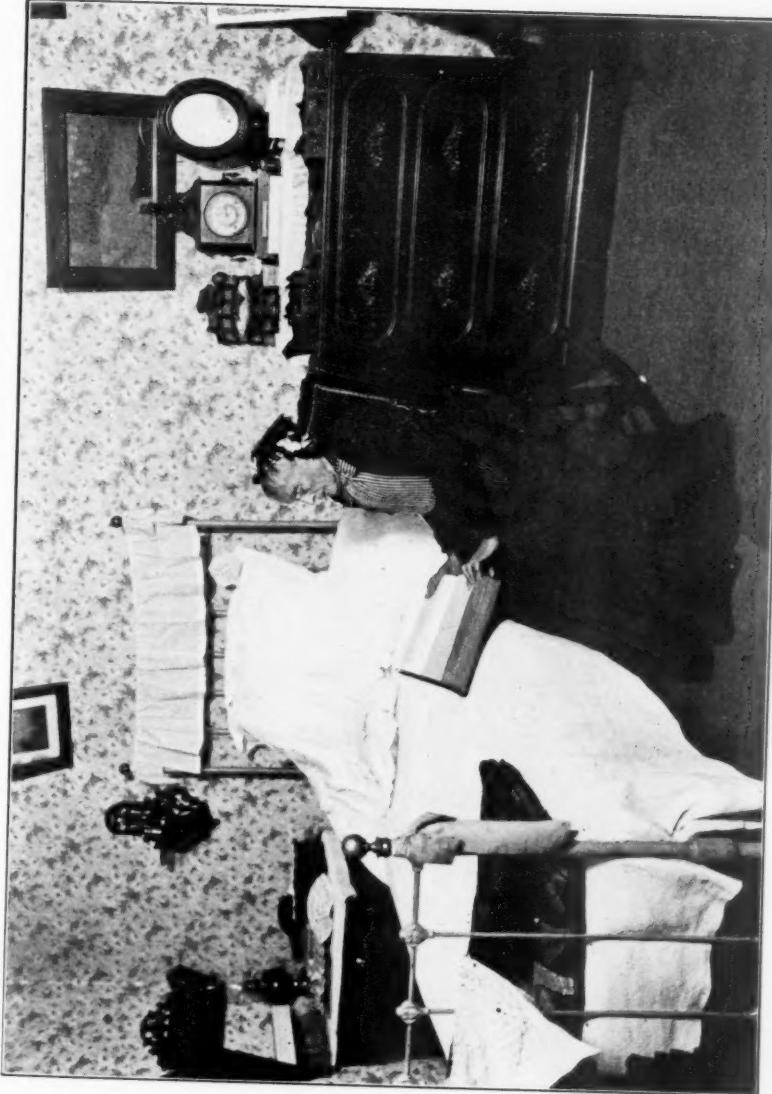
Christmas to the Shut-Ins

First there was the cold grey of the steps and then the dull brown of the door and then, rising from the dark well of the hall, a narrow stairway which a dismal strip of carpet tried vainly to cover. As one groped up the stairway pausing halfway to look up at the drab skylight and down at the shades below, they became aware of an antiquated gas light suspended from the ceiling by a dusty rod. On this the postman placed the letters for those who lived upstairs.

Clinging to the friendly banister one safely passed the curve in the stairs and stood in the dreariness of the upper hall. Here there were closed, expressionless doors and silence. Not even the sound of a voice or the rattle of a dish. Behind these doors lived the wanderers, the transients; those who worked fiercely all day and came home only to sleep; childless couples who strove to keep alive the hearth fire of home in a rooming house.

Then, if one had the courage to turn the knob of the last door on the left, there was the little old lady from England. Such a tiny, dainty, old lady with black lace cap and ruffled, taffeta apron. As she rose smiling to greet you, yet tottering on rheumatic limbs, you had a feeling that rumaging in some attic you had found an old fashioned paper doll that slowly came to life before your eyes. Only in her face was a light that a paper doll could never attain to, a light that, in eighty-six years of life, had deepened day by day.

If you had been there a few times she might tell you



ONE OF THE SHUT-INS.

of her life in England when her husband was a collier in the mines near Lands End; how after coming to America her husband had met with an accident which rendered him helpless for seventeen years, till his death; how his sickness had eaten up all their savings. She would tell this cheerfully with a little joke now and then, and suddenly it would be made plain to you that joy and sorrow are very subtly blended.

Then she would look at you wisely and, if you seemed to be one who understands, she would tell you how sometimes in the night, when the pain kept her awake, she talked to her husband. "Father, the pain is so bad tonight," and it was just as though he were there.

She had such a dear way of saying, "I do feel so much better after you've rubbed me a bit," and "Now, dear I'll be makin' you a cup o' hot tea, might be it'll help you stand the cold."

It was such a joy to watch her scald out the tiny, blue teapot, lift down the burnished tea caddy and put in the fragrant leaves with lavish hand. She would stop at this important point and say, "I like tea, not hot water," and then again as she placed it on the back of the stove to draw, "Tea boiled is tea spoiled."

Perhaps you asked if you might not help, then I am sure you received the same answer as I, "Oh, no, dear, you don't know where anything is."

You see it is so wonderful to have some one to do things for.

Then you would sit back contentedly and watch her hustling back and forth in her rattling brilliantine dress, taking down the snowy china cups from the black walnut cupboard, gay with colored paper napkins, spreading the tiny linen cloth and arranging the thin bread and butter.

At last you sit down together. She pours your tea with hands that tremble. There is magic in the room so quickly the cream and sugar appear by your plate. You stir the tea deliberately and glance over to her. Her

whole figure is tense, her eyes expectant, the purple ribbons in her cap quiver in her eagerness.

"And how's the tea?" she asks.

Quickly you are aware that a crisis is at hand. You taste your tea hastily thinking nothing of burning your tongue. "Oh! it is delicious, lovely—"

You exhaust your vocabulary, then wish she were acquainted with the myths so you might tell her that Ganymede never offered to the Gods such a delicious brew.

It was Christmas day. She was alone; for Christmas is a family day. She ate a pitifully small dinner, tried to sew and read a little. Finally she let her hands fall in her lap and watched the dusk creep in at the windows. She was very lonesome for many a Christmas that had gone.

She undressed and lay down. It seemed the only thing to do. Little by little, with increasing persistence, the pain clutched her and the chattering darkness filled the room. She could not talk to "Father" tonight. He seemed far away. She reached out restlessly to the little table standing by her bed and her hand touched something cool and green. It was the leaves of a geranium that someone, who tried to understand, had sent her that day.

She cried a little and the tears eased her pain.

"Father," she whispered, "It's like the flowers around the home in England." She drew the plant closer, caressing each leaf with loving fingers.

At last Peace pushed aside the fingers of Pain and she slept.

Through the long night the fresh, pungent odor of the scarlet blossom sweetened all the air.

And it was a lantern shining in the dark.

II.

Day after day for seven years, she had been sitting in her chair. On the left was the table, on her right the

bed, in front of her a window through which one caught a grey glimpse of the lake.

She had always worked hard and had saved money so that all this time she had just enough to keep her. But now it had given out and she was dependent on charity.

Just able to move from bed to chair and from chair to bed, it was wonderful how much she was able to do! She made her clothes, swept and cooked her meals. The children of the neighborhood ran errands for her and in return she made clothes for them. Perhaps she would not have been able to do so much without her stick. This was a magic wand that opened doors, smoothed the bed, carried pails and many other marvelous things. Yet it could not bring her health or money or friends who cared.

Christmas day she was given a warm bathrobe. She thanked the giver gratefully and wrapped it about her. When she was alone she took it off, clawed a paper from the woodbox with her stick, did up the robe carefully in this and placed it on the table between the can of lemonade and an unwashed frying pan.

With many grimaces of pain and straining of body she got into the old rag of a jacket that she had worn for years.

She leaned back contentedly.

"This is better," she said to herself, "but that other will be nice when they lay me out."

III.

She lay in the bed a smiling, patient figure. Bandages covered her hands, arms and body.

A few days ago when her little sister ran screaming through the house, her dress afire, she was the only one who had presence of mind to put out the flames which she did with her own body. When the doctor and nurse came they found the body scarcely burned at all. The older sister, entirely forgetful of her own agony was saying over and over again, "Oh, I'm so glad the little darling was not burned!"

She was given a scrap book for Christmas, a wonderful book, yellow with age, pasted to overflowing with nightmare roses, prancing horses and pictures of Cleveland that suggested a New England town.

She opened the book with clumsy fingers, then looked up with ecstasy written large in her face.

"Isn't that **swell!**" she exclaimed, "That's the swell-est thing I ever seen!"

IV.

He was ill with tuberculosis, irritable, unreasonable, hopeless. He turned his back on the Visiting Nurse. "I don't want you," he said, "There's been three women here already today, and I'm nervous."

The Visiting Nurse put on her apron and brought warm water, soap and a towel. "You'll let me wash you a little, won't you?" she asked.

In the end she washed his face and hands, combed his hair and put clean linen on the bed, which had not been changed for six weeks. She tidied his bedside table also, putting things where he could reach them easily. All the time he watched her furtively, questioningly. When she had finished she said, "When would you like me to come again?"

"Say," he said, "Tomorrow's Christmas, isn't it? Well, I don't ask any better Christmas present than for you to come here every day."

When the nurse explained that she would not be able to come till Tuesday, he said, "Let me see, Sunday, Monday, Tuesday. My! it's an awful long time till Tuesday."

Nine Dollars a Week

"My neighbor, Mrs. M——, was in here the other day and she said, 'Mrs. Wilcox, I don't see how you pay rent and keep a family of five on nine dollars a week.' And I told her I had to use my brains and **hustle**. Why often I sit by the kitchen table in the morning and won-

der to myself what I can get to eat for so little money. You see it's this way. In the winter my man can't work when the weather is bad because he's a cellar digger, so we're always back on the rent 'nd in the summer we pay rent every two weeks to make it up. That means that every two weeks we pay six dollars, 'nd that week we can't do nothing else but just live.

"Well, then the next week I have to pay the gas man 'nd the meat bill of the week before—goodness knows that isn't much, because it's too high for poor people. I always get a boiling piece because it lasts longer that way. You see the first day we don't eat the meat at all. I boil potatoes 'nd carrots 'nd onions in the soup, 'nd we fill up on that. Then the next day we eat the meat 'nd the next day, if there's a little left, I mix it with potatoes and warm it up, 'nd it's mighty good, too. Week before last my mother was over to see me and when supper time came she said, 'You send Joe over to the store for some meat. I'll pay for the meat and you get the other stuff, and we'll have a regular lay-out.' So we had round steak and potatoes and stewed tomatoes and bread and tea. Say! it tasted good. You know where I get my bread? Over at Brown's. It's a two-mile walk, but I get it for four cents a loaf because it's a day old.

"Well, I have to give the furniture man some money that week, too, because he might get mean and take our furniture away. So you see it's all we can scrape to save a little money for shoes and stockings and clothes. And it's something terrible to keep the kids in shoes. You see this book? Honest I don't know what I'd do if it wasn't for these stamps. You see we get 'em with our groceries and then when I get a book full I go to the hour sale down town and trade 'em out. Ain't them suits grand? One for each of the kids. How much a yard? No! Five cents marked down from twenty just because it's an hour sale. Look! Three pair o' shoes, a



"IT'S THIS WAY, I LIKE TO LOOK NICE, 'ND I LIKE MY KIDS
TO LOOK NICE."

dress for Florence and caps for the boys 'nd six pair o' stockings. One stamp book!

"Nd say, nurse, don't you think I could take this lace out of my old waist 'nd make a yoke for Florence's dress? Do you? I just love yokes. That lamp is pretty. I got that with stamps, too. I gave it to my man last Christmas 'nd he was so tickled. He said them little blue ducks on the side made him think of a mud puddle he used to wade in when he was a kid.

"This skirt is so soft I just love to feel of it. No, not this one. I got it last winter. One week we had a dollar left 'nd we didn't know what to do with it. So I said to my man, 'You go 'nd get you a coat.' 'Nd he said, 'No, I don't need a coat, you get you a new skirt.' So I got this. Land sakes! When I get on this skirt 'nd a white waist 'nd my two summers' ago hat, you wouldn't know me, nurse. You see, I'm this way. I like to look nice 'nd I like my kids to look nice; but I make 'em keep their nice things for when they go away. They can wear old things at home, as long as they're clean. I keep 'em clean if I have to put 'em to bed to wash out their clothes. You know, nurse, it's grand to dress up, once in a while, you 'nd your man 'nd the kids and go to the park maybe and know that you all look **swell!**

"Some rich people gave us some things, too—me a coat—a grand one—the lining is out but I can fix that. 'Nd they gave my man a pair of shoes, low ones—patented leather with a strap across the ankle. Course he can't wear 'em to work, the soles is too thin—but they're mighty pretty. They give him a suit, too. It hasn't any vest but no one wears a vest in the summer, 'nd it's a little too long, maybe, but, land sakes! it'll **shrink**—

"What?—I'm a—wonderful—Oh, really? You'll send the kids to the country for two weeks. Won't that be—grand! And how we can save while they're gone. Enough to fix 'em up for school in the fall. Say! you're all right!"

A Little Piece of Hungary

From the kinsman street bridge a long flight of stone steps leads down to a narrow, unlovely street. Intersected with high ruts and mud puddles, and bounded by debris-strewn ditches, it runs on uncertainly till it is abruptly thrust back upon itself by the high buildings of a great manufacturing plant. On the right is a deep, jagged gully and beyond the gully a net work of tracks where all day and all night can be heard the screech and roar of trains. On the left is a barren, dust-laden region known as the dump where the city's refuse is piled.

All about the outskirts of the dump or perched dizzily on the edge of the gully or blotted entirely from view by the clouds of black smoke from the belching stacks, live the people who work in the shops.

The August sun blazed down mercilessly as the Visiting Nurse searched the dump for her patient. Dozens of women and children were busy with rake and hoe searching for something that might be valuable to themselves or be sold for a few pennies. From the disturbed earth clouds of dust continually filled the air.

At last, through choking haze, she spied her, a low-bent, searching figure. Once in a while she called to her children and they opened the big bag into which she put some object, evidently precious to her. The children shouted with weird glee.

In a sudden wave of comprehension the Visiting Nurse understood how a man, working all day in the maddening heat of those roaring, grinding shops, and coming out into this smothering air, should drink till he forgot what little manhood he had left, and go home and beat his wife. She could understand how, after a time the woman's finer sensibilities should be so dulled by abuse and sordidness that she endured the blows like a

beast of the field and in turn beat her children. As for the children, what chance was there for them? She looked around at the hideous landscape. What chance was there for anyone—unless—her eyes caught the piling, white clouds in the blue sky. Did these people ever look up, she wondered. Was it possible for them to look up of their own accord or must they have some inspiration on earth to make them do so?

"Mrs. Siebeck!" she called out.

The woman straightened up, wiping her eyes with her sleeve, then slinging the heavy bag over her shoulder, toiled up the incline.

"How are you today?" asked the Visiting Nurse.

She set the bag down and spread out her hands with a hopeless gesture.

"Me—no good—me much sick—me die—my back like cuts—me nothing breath—all a time bad—no sleep—no eat—me die—sure me die!"

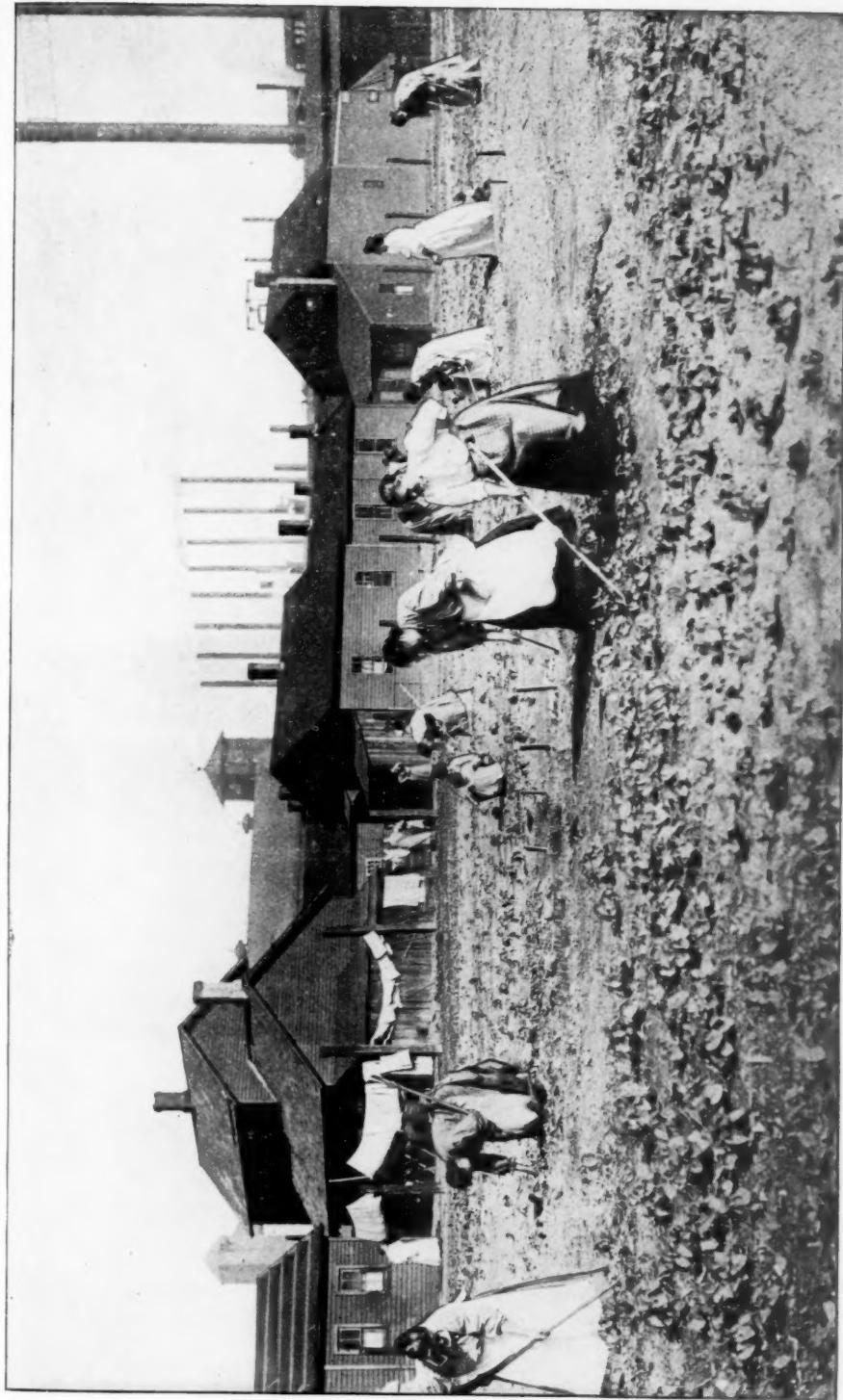
"But, Mrs. Siebeck," expostulated the nurse, "it is so bad for you to work in the dump—and that heavy bag. Your back is sick, you must rest it. Must you work here?"

"Mrs. please," said the woman emphasizing her words with an impressive fore finger, "me no speak English good—Mrs., please, some day man—come—wagon—much peaches—grapes—apples—he holler—so. My children run, Mama! mama! 'Get me apples'—'get me grapes.' I no get—they cry—I no can stand—I work here—get bag iron, sell it five—ten cents. My children mus' haff. Mrs., please, you see?"

And the nurse, crossing the slender bridge of environment, which is all that separates people, saw.

"Mrs., please, come—me show fine ling."

She led the way through endless fields of cinders to the very edge of the dump, where the ground sloped sharply to the street beyond. Here, like an oasis in the desert, lay a green stretch of living, growing things. It was a community garden in which different families in



A LITTLE PIECE OF HUNGARY

the neighborhood could plant and tend their own little plots and gather their harvest of vegetables and blossoms.

The woman leaned against the fence. All the hard lines had relaxed and joy lay deep in her eyes.

"Me got corn—so big—beans—flowers, pretty flowers. Mrs., please, night come my man—children here—look garden. My man—he no drink too much no more—he—no saloon—he here dig. In Hungary he big land dig all a time."

She pointed to the rows of tall corn. "In Hungary all like dis—Hungary big land—so green—nice—much nice—far! Please, dis little piece Hungary."

The Visiting Nurse paused on the bridge and looked back at the place she had thought so desolate. But it was desolate no longer; for some way the little community garden had assumed mammoth proportions and the dump was vague and far away.

Staff of Nurses

Miss Matilda L. Johnson, R. N., Superintendent

Miss Hanna Buchanan, Registrar

(Holding a fellowship 1910-1911 in the Department of Nursing and
Health, Teachers' College, Columbia University.)

Miss Blanche Swainhardt, R. N., Acting Registrar

Nurses Employed by the Visiting Nurse Association in Districts

Miss Frances Brown.....	Doan 1537 Alta House, Mayfield Road
Miss Mary Curtis, R. N.....	West 303, Central 4268 Tielke's Pharmacy, 3800 Detroit Avenue
Miss Elsie Irene Forbes.....	West 303, Central 4268 Tielke's Pharmacy, 3800 Detroit Avenue
Miss Martha Froh.....	South 184, Central 8245-W Pilgrim Church, West 14th Street
Miss Mary A. Klema.....	North 732, Central 128 Hiram House, 2723 Orange Avenue
Miss Elizabeth V. Neyman.....	North 189 Goodrich Cottage, East 31st Street
Miss Mildred M. Palmer, R. N.....	East 168, Central 3834 Hebrew Relief Association, 2554 East 40th Street
Miss Anna Robinson.....	North 173, Central 4464-R Central Friendly Inn, Central and Broadway
Miss Jeannette Storey.....	Broad 1, Union 357 St. Alexis' Hospital
Miss Arville Patton.....	(Assisting in Various Districts)

Nurses of the Visiting Nurse Association Employed by Other Organizations

Miss Charlotte Ludwig, Superintendent of Tbc. Nurses

Miss Margaret Kamerer, R. N., Special Case Committee

Miss Ada Harris.....	{ Tuberculosis Dispensary Western Reserve Medical College St. Clair Avenue and E. 9th Street Main 1477, Central 5461-W
Miss Wilhelmina Koeckert..	
Miss Cora Templeton.....	
Miss Marie A. von Nostitz..	

Miss Jane Grant, (William Chisholm and Mary Chisholm Painter Nurse).....	{ Rainbow Cottage and Cripple School, Lakeside Hospital North 580, Central 5954
Miss Harriet L. Leet, Superintendent of Baby Nurses	
Miss Helen Bever.....	Babies' Dispensary and Hospital
Miss Florence Dark.....	2500 East 35th Street
Miss Agnes I. Sutherland.....	North 410, Central 5963-W
Mrs. Marie A. Shields.....	
{ Cleveland Maternity Dispensary St. Luke's Hospital East 121, Princeton 249	
Miss Grace Bentley.....	
{ Factory Nurse Cleveland Hardware Co. Lakeside Avenue and East 45th Street East 386, Central 2414	
Miss M. E. Allen.....	
{ Social Service Nurse Lakeside Hospital North 580, Central 5954	
Miss Jessie Lambert, R. N. (Powell Maternity Nurse).....	Western Reserve Maternity Dispensary Lakeside Hospital
Miss Sydna Sheldon.....	North 580, Central 5954
Miss Lily Conway.....	{ Metropolitan Nurses 501 St. Clair Avenue Main 4037, Central 3602
Miss Mary E. Hogan.....	
Miss Verbal Klar.....	
Miss Sarah Stuart Ward.....	
Miss Nina L. Ehle, (Mrs. Lyman H. Treadway Nurse)....	{ Day Nursery and Free Kindergarten Ass'n.

Nurses of the Visiting Nurse Association Employed by the City of Cleveland

Miss S. Ethel Axford.....	{ Babies' Dispensary and Hospital 2500 East 35th Street
Miss Lena E. Steuer.....	North 410, Central 5963-W
Miss Margaret Trojan....	{ Tuberculosis Dispensary West Side Branch
Miss Agnes Cogan.....	Detroit Avenue and West 28th Street
Miss Nora L. Frank.....	Central 8585

Miss Sarah Stevens.....	Tuberculosis Dispensary Haymarket Branch Central Friendly Inn Central 8514
Miss Hulda Cron.....	

Contagious Disease Nurses

Miss Effie B. Doverspike.....	Contagious Disease Nurses Board of Health, City Hall Main 56, Central 1
Miss C. Louise Leberman.....	

Board of Education School Nurses

Miss Gertrude Barnes	Miss Laura V. Kunz
Mrs. Minnie J. Bowman	Miss Fannie Northcott
Miss Grace B. Cook	Miss Ethel Osborne
Miss R. M. Cuthbertson	Miss Cassie Salisbury
Miss Grace Duncan	Miss Grace A. Sanborn
Mrs. Austa W. Engel	Miss Josephine Webster
Miss Rose M. Foster	Miss Margaret Weidemann
	Miss Mabel A. White

ANNUAL REPORT
OF
The Visiting Nurse Association
of Cleveland

President's Report

MRS. JAMES R. GARFIELD

A very gratifying year has just ended for The Visiting Nurse Association in that it marked its firmer establishment as a factor in the life of our city.

The numerous organizations looking to the welfare of the child, the sick and the public health, have expanded, and with this expansion has come the demand for the service of the Visiting Nurse. In consequence we have grown from a staff numbering thirty-five to one numbering fifty-seven.

The Public School Board finding the experiment of employing Visiting Nurses in the medical inspection of school children last year resulted in the more regular attendance of the pupils, less sickness among them, the better understanding of the school system by the parent and the opportunity to instruct the ignorant mother, is employing five additional nurses, making fifteen on its staff for this year. During vacation months these nurses are employed in the summer schools, fresh air camps and as substitute nurses during the vacation of other nurses in the association.

The Western Reverse Maternity Dispensary has opened a branch (near the Babies' Hospital in East 55th street) and one more nurse is required to meet the demands of that work.

The Day Nursery and Free Kindergarten Association

has arranged to employ the service of a Visiting Nurse who goes on duty this week.

Arrangements are being completed with the School Board of Bratenahl to supply a nurse to that school.

The city employs two nurses, vested with full authority, to care for contagious diseases; it pays the salary of two nurses working under the control of the Babies' Dispensary and Hospital; and in taking up the problem of tuberculosis is employing five, who, with the six already in the service of the Tuberculosis League, form the advance forces in the crusade against the white plague in Cleveland.

Four nurses are caring for the sick holding industrial policies in the Metropolitan Life Insurance Company of New York. These nurses are supported by that company.

The large increase in the staff has been due to the employment of nurses by the city and by other institutions.

This increase does not meet the needs of general district nursing, which are greater than ever. The number of regular nurses being so large it is necessary to employ one simply as a substitute to relieve others in case of illness or when the work of any one nurse is temporarily too heavy. It has been demonstrated that the work in the Central Avenue District can be carried by the nurses in the adjoining districts.

Since the annexation of Collinwood we have not had the necessary funds to place a nurse in this new district of the city. We have distress calls from there almost every day and the conditions caused by the congestion of shop workers makes the need urgent. We hope this year we may be so supported that we can not only meet the needs of Collinwood but also open up other districts in Newburg and East St. Clair street where like conditions exist.

The laboring men are necessary to the machinery of our large cities, while they risk life and limb and give the strength of their best years to the industrial life of the

city, it, in return should safeguard them and their families so that the wage should not have to bear the strain of unnecessary sickness. It is better for the social conditions of the people that the city furnish the health patrol to safeguard their physical well-being, as the police patrol to guard their personal safety. The idea will be reached when the city realizes how much can be done for the public welfare by the Visiting Nurse. Her uniform is recognized wherever it appears, and, owing to the relief she has already brought, every door and heart is open to her. She is the one to be employed as the Health Patrol, as she already has access to the homes and the confidence of the people. She has the opportunity to recognize disease in its early stage and can often prevent its development and spread by helping to improve living conditions. Understanding the social conditions, she knows where bread, not medicine is needed.

It has been said by men employed as sanitary officers, when looking into filthy and disagreeable conditions, "Oh, leave it for the Visiting Nurse, she will do anything." And if she eventually does the work, she should have the authority as a member of the sanitary force to undertake it and the credit when it is done.

In order that we may more understandingly perform our work, some of the trustees have sent Miss Buchanan, previously registrar in the central office of the association, to Columbia College, to take the course in nursing and public health at the Teachers' College. We hope that other nurses may be sent from our staff so that we may be able to place specially trained supervisors in each department of social work with which the association may be called upon to co-operate.

The association has been glad to co-operate with the Society for Promoting the Interests of the Blind by furnishing a nurse to investigate into the cause of blindness among children.

It is difficult to know what disposition to make of the number of epileptics and feeble-minded children with

whom the nurses come in contact. Because of home complications such cases rarely have proper care and in many instances they are a bad influence in the neighborhood in which they live. There is only one institution in the state, located at Columbus, for the feeble-minded and that is already overcrowded. There the conditions of entry are very strict; for instance, no child will be received who has any physical defect in addition to a feeble mind, such as blindness; and, as most of our cases are of a double nature we have no place to turn for their relief. There is great need of a suitable place where such children can be happily occupied and taught.

We are glad to announce that the Visiting Nurse Quarterly is self-supporting. It is the medium for bringing before the public all the branches in which the Visiting Nurse is engaged. We hope that everyone interested in the city welfare will manifest that interest by becoming a subscriber to the magazine.

Each year the "Brownies" prove more fully their value to the association, both upon the executive board and in committees, taking the entire responsibility of purchasing for the association and keeping the supply closets filled. They had charge of the distribution of Christmas gifts to the bed-ridden patients, providing 150 baskets of fruit, and giving to those with tuberculosis, growing plants, subscriptions to magazines, etc.

Through the fund left by Mrs. Williams many chronic patients have been provided with invalid beds, chairs and many comforts which only those who have been sick realize the need of.

This association has shown its interest in the work for children by subscribing to the National Association engaged in the study of the Prevention of Infant Mortality.

Mrs. J. C. Morse has again demonstrated her interest and faith in our work by giving \$15,000.00, which brings the total of her gifts to \$20,000.00. This, with the \$5,000.00 given by Mr. Morse, insures the annual maintenance of one nurse.

The property given a year ago by Mrs. F. C. Case and Mr. Sessions was sold for \$2,000.00 and the proceeds added to the Endowment Fund.

Sufficient time has elapsed since the new system of "follow-up" was instituted in the office of the association to demonstrate its usefulness in ensuring more systematic support, and resulted this year in the collection of all but eleven per cent of the annual contributions of the previous year.

We have taken pleasure in the interest displayed in our association by the number of visitors from other large social centers. They feel that we are setting a standard of efficiency in Visiting Nurse work, and especially commend our co-operation with other interests in the city whereby practically all the so-called Visiting Nurse activity is exercised by one set of nurses, which insures greater conservation of energy and expense, together with efficiency.

Within the year we have lost from our board Mrs. Robb. She was among the number called together nine years ago to organize this association, and from that time her untiring interest, wise counsel and practical judgment have been among its most valued possessions. Her ideals for the nurse in every field was the highest and broadest, from far and wide was her judgment sought and her enthusiastic response never failed of wise and moral support. May the memorial being planned in Cleveland be a worthy tribute to this great woman, who, although born in Canada, cast her lot with us Americans and inspired the higher achievement of our nursing institutions.

In closing I lay emphasis on our financial condition: the need grows apace and we would meet its demands. Ultimately the entire cost of this work should be borne by the city, as one of its greatest civic duties; but, until that time comes we must appeal to you, citizens of Cleveland, who are stretching out your hands to heal the sick and to relieve their sufferings—will you withdraw that hand, or, will you extend it further?

Superintendent's Report

MISS MATILDA JOHNSON, R. N.

Fifty-seven Visiting Nurses are at work in Cleveland today. Of these, twenty-four are in the employ of the city and twenty-two serve private organizations and institutions. All of these nurses have been engaged through the office of the Visiting Nurse Association, which makes itself responsible for their previous training, gives them whenever possible, general district work and tries to furnish each organization with the nurses best fitted for its peculiar needs. The year closes with a record of unbroken harmony between the Visiting Nurse Association and all the organizations with which it is related through this staff of nurses.

The nurses in the employ of outside organizations are responsible to their own medical directors, but they all wear one uniform, they all meet once a week at the rooms of the Visiting Nurse Association to discuss their problems, and as nurses they preserve a unity of ideals in their work.

The nine district nurses who are salaried directly from the treasury of the Visiting Nurse Association take care of the sick poor under the direction of district physicians and private physicians. When no physician is present, they insist that one be called, because their relation to the doctor in the homes of the sick poor is the same as it would be in the homes of the well-to-do.

In Cleveland, the social dispensaries were the first to employ nurses who had had district training, and now hospitals, factories, boards of health and education, day camp, day nurseries—all have Visiting Nurse service. The place of the Visiting Nurse in this city is triumphantly vindicated.

In almost every case the Visiting Nurse Association

has paid from its treasury the salary or salaries of Visiting Nurses for outside organizations until the needs of trained work in the home has been so well demonstrated, that the other organizations have been more than willing to carry the expense themselves. So that demonstrating the need of home work and helping other organizations and associations until they were able to meet this new demand, has been one of the most important services which the Visiting Nurse Association has rendered to this community.

We are indeed most fortunate in Cleveland to have been able to keep the nurses, as nurses, together, and our system of visiting nursing as operated in this city has given rise to much favorable comment. There are many and great advantages in this policy of a unified staff and perhaps not the least of them is, that all charities, both municipal and private, working for the health and economic improvement of the poor are closely related and in a sense made one through this central staff of nurses, which represent them in the homes.

When one nurse wins her way into a home it means that that home can receive the benefits offered by every other organization which employs Visiting Nurses.

But today, I wish most particularly to tell you of the districts because the general district nurse is in a peculiar sense the guardian of the home when sickness crosses the threshold. The Visiting Nurse engaged in solving special problems seeks out the individual, but to the general District Nurse, is confided the family as a family.

Now, it takes a great deal of knowledge, experience, sense, judgment and kindness to deal with a family when poverty and ignorance enter into a conspiracy to make that family seem unreasonable and sometimes hard to deal with—but every institutional nurse must have this training in the districts before she is fitted to deal with special problems in the homes of the sick poor.

If she is a good nurse she will many times feel sin-

cerely humbled by the lessons she can learn from her patients.

The nurse who has had hospital training, supplemented perhaps by nursing in the homes of well-to-do people, must have several months at least of district work before in any sense she can be called a Visiting Nurse. She must learn to find her way about readily in parts of the city until now unfamiliar to her, she must learn to co-operate with many different physicians each day, she must also learn what the resources of the city are, on which she can draw for her patient, and what she may, and may not do, in order to keep from trespassing on the right of other organizations. Daily touch and consultation with the main office will show her what resources she can rely upon and which organizations and agencies expect to do their share in helping the distressed family to its feet again. It is her work to give good bedside care, to instruct members of the family or friendly neighbors in the care of the sick one, and whenever removal to a hospital, or a visit to a dispensary is advisable and possible, she should seek to overcome any prejudices or objections of the family by firmness, persuasion, gentleness and tact. She must never lose sight for one moment of the fact that the frequent fear of institutions so common, especially among foreigners, and their dread of being separated from one another must be respected, and that such matters must be urged with kindness as well as firmness. Of course, there are times when a nurse must use very great firmness in obliging her patients to do what is for their own good, even resorting to the aid of other organizations with power to enforce measures. Of course, this is only done as a most extreme measure.

The district nurse should also interest herself in the way the home is kept—for on the cleanliness of the home depends in a large measure, its health. It is her duty as well as her opportunity to look carefully and keenly at her surroundings, to inform herself about every part of

the dwelling house she visits, so as to report any unsanitary conditions which make the home unsafe and which many times can be remedied, and also to bring all possible aid from every source to bear upon this great source of disease—the dirty home.

If she learns her lesson well in the districts, the Visiting Nurse will never become so absorbed in any one health problem that she will forget to respect the unity and sanctity of the humblest and poorest home and the need of all human creatures for certain rights even when poverty seems to have stripped them of their right to privacy by laying their perplexities and troubles bare before the persons who are appointed to help them—and here let me say that it should be a matter of deep reflection and careful study with us all, to send as few agents as possible from the outside into the homes of the poor. Whenever it is possible, we should combine and concentrate our efforts in order to protect the home against too much intrusion, too much publicity. There is so much to be done, so many wrongs to rectify, so many different forms of distress that it is our temptation to constantly multiply the number of persons who cross these thresholds where life has become so difficult and my plea to all workers is that we should consider this a very grave question and think of it seriously and understandingly. There might be instances when a family would almost rather be left with its problems than without any right to its privacy.

But to return to our district nurse, I think it would be hard for any of you to realize what a change it is for a nurse who has worked methodically and systematically in our institutions, where she has had uniform medical direction and abundant supplies at hand, to start in as a district nurse. She now enters a home where she must take care of illness often in the midst of dirt, disorder and confusion—she works, as I have said, with many different physicians every day—she has no sick-room necessities except such as she carries about in her faith-

ful black bag—she is sometimes thrown absolutely upon her own resources. At first, her own feelings of repugnance, dismay and helplessness almost overmaster her. One day she will feel so much disgust at the fetid air, dirty surroundings and slatternly conditons that impatience will surge up within her against these human beings who look at life so differently from herself—and then again, she will be filled with remorse when she comes to realize the real difficulties under which they exist. Finally, after many weeks of nursing and much counsel from the main office and from sister nurses, she will find herself, as it were. The strangeness and shock of it all will wear off and she will commence to enter into human relationship with these poor distressed people who gradually will become "her families" quite as much as her problems.

Later on, when she has labored among the poor for many months, perhaps for years, she will feel in the fullest sense a very real gratitude that her profession has led her into places where she can lessen the sorrow and distress of many who look upon her as their friend.

In this practical age, we nurses are somewhat afraid of being called sentimental when we touch upon this side of our work, but it is very real and I assure you that very few nurses could bear the sorrowful sights and experiences with which they meet in the daily rounds unless they had this inner feeling of being of real service in the work of the world.

I shall not give a description of the districts this year, as two of our nurses will read reports of daily work done in them, but before giving you the year's statistics I would like to call your attention to a plan which is working successfully in the Haymarket. The Haymarket is one of the most congested sections in Cleveland. To show you the character of this district and the way it is cared for, I cannot do better than quote a paragraph from a report given by Mr. Laird to the Friendly Inn

after he had made an investigation of this locality. Mr. Laird says:

"In this district the greatest congestion exists. There are sixteen nationalities represented. About ten to twelve thousand are Italians and seven to nine thousand Slovaks — the others — Hungarians, Bohemians, Poles and Syrians, with quite a number of Greeks, Russians, Austrians and Lithuanians with a sprinkling of Americans, English, Irish, German, Scotch, Swedes and others. The home conditions of these people vary from the wretched conditions obtainable in the homes of the very poor to the more endurable conditions of the more prosperous, but the major part of the home life is of a very low order socially, physically and morally. The public records show that here is found the greatest juvenile delinquency per acre; the greatest infant mortality; the greatest poverty; the most tuberculosis; greatest number of saloons for a residence district. It is interesting for us to know that in this comparatively small neighborhood there are besides the Visiting Nurse, who has her station at the Friendly Inn, a School Nurse, a Visiting Nurse from the Babies' Dispensary also located at the Friendly Inn, two Visiting Nurses who are each engaged in the tuberculosis work teaching the people how to care for themselves—besides the workers of the Friendly Inn and the teachers of the two large free kindergartens—all working harmoniously together in this interesting little neighborhood with its many and varied problems."

Now, one of the reasons that the work is done so well here is that a group of home workers almost rub elbows daily. This is the ideal condition. The more we can get together and the closer our touch is with each other, the better will be the work in the home. I would like to see these neighborhood centers established at many points in the city.

A very real need of our association is a Visiting Dietician who can supplement the work of the nurse in the home by teaching the mothers of families where they

are deficient in the knowledge of buying and preparing foods. Such a worker has proved herself of the greatest practical value to the Providence District Nursing Association and I wish the need might be realized and that some one would contribute the salary of such a worker.

Another need, which we must some day meet, is Visiting Nursing in the small towns of the county where no influences for hygiene or health have yet been put in motion. As our city enlarges its territory and more of the suburbs are added to it, an increasing number of calls come to us from outlying districts which are exceedingly hard to refuse. I will give an illustration to show you what I mean:

A call came from a probation officer of the Juvenile Court to go out with him to investigate a home in one of the near-by suburbs. This was arranged and we found a most deplorable condition. The family consisted of father, mother, three children (the eldest a girl thirteen years, the youngest two and one-half months) and ten boarders, who pay \$2.10 per month apiece. The house consists of seven rooms, of which the family occupy three—the kitchen was used as a living room. Here the mother sat beside a wash boiler of clothes holding the baby and punching the clothes with a stick. The thirteen-year old girl, who has been in America six years and is only in the third grade public school, was washing the colored clothes, rubbing them on a stone—Italian custom I believe—and in cold water. This child had to stand on a box in order to reach the rubbing-stone. The windows were all closed tightly. The air in the whole house was terrible. The bed room occupied by the family had two dirty, unkempt beds where father, mother and three children slept. The mother was overworked and underfed. The interpreter made it plain and emphatic that the girl must go to school, if not she would be placed in the House of the Good Shepherd. The nurse instructed the mother as best she could. Mr. Smialek secured personal service on the father for neglect and

non-support. In Berea there is no hospital, no Board of Health—the power of the town is vested in one man—the Justice of the Peace. This family needs everything. Nothing can be done, no one to guide the feeding of the baby or instruct the mother in the care of the rest of the children, housekeeping and sanitation. As the case now stands, there seems to be nothing but hopeless lack of development ahead of the children. The court is going to make the father do something as far as a few dollars and cents are concerned—but the ignorance is going to **continue!**

In a certain sense, we will have to make ourselves responsible for our outlying districts. It seems strange to put in this plea when the city itself needs many districts opened, but we must accustom ourselves to the largest outlook and trust to the generosity of the public to enable us to make these dreams come true.

I am glad to say in closing that the health of the Visiting Nurses has never been better than this year. I am also glad that our own local hospitals have been able to furnish us with so large a per cent of our nurses, and that they are such splendid, devoted women.

I do not know that you will be interested in a detailed statistical report, though we shall publish one within a week or ten days.

Visiting Nurses in Cleveland in the employ of all organizations have made 91,802 visits in the homes of the sick poor this year. This does not include the work of the fifteen Visiting Nurses in the schools or the treatments given in stations or the visits made to institutions to arrange for the reception of patients.

The nine District Nurses alone have made 22,039 visits and 3,316 miscellaneous visits in behalf of the sick. These eight districts have sent 1,202 patients to hospitals and dispensaries and have sent 335 physicians into the homes of the poor. These same District Nurses have given 3,618 treatments in stations of patients to organized charity for material relief, but the work of the

nurses leads her along the lines of bedside care and instructive hygiene—so I make particular mention of her constant relationship to hospitals and dispensaries.

It has been a great year and we feel thankful that the work shows the vitality and strength to grow so vigorously and to take such firm hold upon the development of organized work among the poor of this city.

Statistical Report for the Year 1910

	PATIENTS	VISITS
Nurses employed by the Visiting Nurse Association in Districts.....	2,865	25,355
Nurses of the Visiting Nurse Association employed by the following institutions:—		
Babies' Dispensary and Hospital.....	8,277	18,309
Anti-Tuberculosis League.....	1,253	15,481
Cleveland Maternity Dispensary.....	263	3,388
Western Reserve Maternity Dispensary.....	313	9,171
Factory Nurse	153	1,938
Lakeside Social Service Nurse.....	413	1,253
Rainbow Cottage and Cripple School.....	366	2,091
Contagious Disease Nurses.....	2,232	4,461
Metropolitan Nurses	993	7,252
*Outing Nurses.....	...	3,012
Society for Promoting the Interest of Blind.....	...	91
Total	17,128	91,802

* Outing Nurses made 2,777 examinations.

Report of Nurses Employed by the Visiting Nurse Association in Districts

Total old patients carried over from 1909..	114	Hebrew Relief	15
Total new patients.....	2,751	Humane Society	16
Total patients died.....	95	Infirmary Office	2
Total patients sent to hospitals	129	Juvenile Court	2
Total patients to whom doctors were sent.....	335	Police Department ...	1
Total Visits in homes...22,039		Probate Court	2
Working visits	12,860	Tuberculosis Dispensary	146
Instructive visits	7,651	Babies' Dispensary....	491
Friendly visits.....	1,528	Maternity Dispensaries	110
Total miscellaneous visits	3,316	Hospital Dispensary...	455
Total patients reported to:		Dental College	25
Associated Charities...	142	Blind Society	19
Board of Health.....	44	Number of treatments in station	3,618

Treasurer's Report

Cleveland, O., Jan. 7, 1911.

The Visiting Nurse Association,
501 St. Clair avenue,
City.

Gentlemen: In accordance with your request we have audited the books of The Visiting Nurse Association for the year ending Dec. 31, 1910, and enclose herewith the annual report of receipts and disbursements for the year, together with the cash in hands of the treasurer at the close of business Dec. 31, 1910.

We find the cash reported on the secretary's books to agree with the amount shown by the treasurer's account, and the receipts shown by the stubs of the receipt book are all accounted for, and all disbursements have been made on vouchers properly signed and approved.

We further wish to report that we have examined the securities on hand and have received statements from the various banks certifying to the securities they are holding in trust for account of the Association Endowment Funds. We have prepared and attached hereto a statement of the endowments of your association, which have been verified as above shown.

We are further pleased to advise that we find the books of the association in good condition, and all entries have been properly made.

Respectfully submitted,

Thomas J. Anderson,
The Guardian Savings & Trust Co.

H. H. Zimmer,
The Citizens Savings & Trust Co.

Clay Herrick,
The Cleveland Trust Co.

W. R. Green,
Guardian Savings & Trust Co.

The Visiting Nurse Association

Statement of Receipts and Disbursements for Year ending
December 31, 1910

RECEIPTS

Cash on hand January 1, 1910.....	\$ 121.33
Received from Donations:	
Associate Members	\$9,090.50
Special Donations	539.56
Mrs. Frances E. Drake.....	1,121.04
Mr. and Mrs. Wm. L. Harkness....	1,000.00
Mr. Samuel Mather.....	550.00
Estate of Mrs. Samuel Mather.....	450.00
Mrs. Chester C. Bolton	600.00
Mrs. Jay C. Morse	1,000.00
Messrs. R. R. and W. C. Rhodes....	500.00
	———— \$14,851.10

Received for Interest on Endowments:

Louise M. Williams Trust Fund....	\$ 550.00
Hanna Endowment Fund.....	300.00
Mrs. John Tod Trust Fund.....	382.60
Jay C. Morse Trust Fund.....	724.60
Mary Corning Audenried Trust Fund	40.00
Lucy M. Backus Trust Fund.....	600.00
The Ann C. Frisbie Trust Fund....	32.71
Interest on Deposits.....	37.08
	———— 2,616.99

Received for Services Rendered:

Alta House	\$ 840.00
Cleveland Hardware Co.....	1,029.96
Babies Dispensary and Hospital....	4,081.34
Anti-Tuberculosis League.....	3,950.51
Lakeside Hospital	1,019.47
Pilgrim Church	530.00
Children's Fresh Air Camp	629.68
Western Reserve University Maternity Dispensary	820.99
City of Cleveland.....	20.10
Day Nursery and Free Kindergarten Association	60.05
Society for Promoting Interest of the Blind	80.45
Metropolitan Life Insurance Co....	3,550.21
From Patients for Nurses' Services..	502.04
For Advertisements in the Quarterly	809.48

Board of Education.....	120.00
Cleveland Maternity Dispensary....	325.65
	18,369.93
	35,838.02
Total	\$35,959.35

DISBURSEMENTS

Expenses in re-charitable work:

Nurses' Salaries	\$26,624.53
Nurses' Uniforms	1,269.61
Nurses' Car Fare.....	1,925.00
Laundry	261.83
Louise M. Williams Trust Fund for Chronic Cases.....	237.71
Medical and Surgical Supplies....	877.24
Ambulance Services	81.00
	\$31,226.92

Expenses of Administration:

Office Salaries	\$ 1,009.51
Office Expenses, including Tele- phone Service	458.36
Rent	456.00
Office Printing	278.80
Printing Records	75.25
Quarterly Printing and Expenses..	1,265.00
Office Furniture and Fixtures....	111.20
	3,654.12
	\$34,881.04
Cash on hand January 1, 1911.....	1,078.31
Total	\$35,959.35

In making up the annual statement for previous years it has been the custom to credit the amount of coupons on endowments maturing Jan. 1 in the next year's business. Believing that the interest which has accrued for the six months ending Dec. 31 properly belongs in the current year's business, we have changed this custom and are now crediting Jan. 1 coupons in the business of the year in which the interest has accrued. This will account for the increases in the amount received as interest on some of the endowment funds, and also for the increase in cash on hand at the commencement of business Jan. 1, 1911.

Statement of Endowments of The Visiting Nurse Association

As on the close of business December 31, 1910.

Sarah K. Tod Trust Fund—

\$5,000 Wm. Taylor Son & Co., first mortgage, 5%	
gold bonds on hand, @ 97½.....	\$4,875
Cash on deposit @ 4% in The Guardian Savings	
& Trust Co.....	125
	_____ \$ 5,000

Louise M. Williams Trust Fund—

\$10,000 Ohio Quarries Co. 6% bonds at par, held	
by The Cleveland Trust Co. in trust, interest @	
5½% net	10,000

Mary Corning Audenried Trust Fund—

Cash held in trust at 4% by The Guardian Savings	
& Trust Co.....	1,000

Ann Frisbie Trust Fund—

\$2,000 Euclid Doan Co. 6% bonds on hand @ par... 2,000	
Cash on deposit @ 4% in The Guardian Savings	
& Trust Co.....	100
	_____ 2,100

Jay C. Morse Trust Fund—

\$5,000 par Wm. Taylor Son & Co. first mortgage,	
5% bonds on hand @ 97½.....	4,875
3,000 Euclid Doan Co. first mortgage, 6% bonds	
@ par	3,000
5,000 City Investment Co. first mortgage, 6% bonds	
@ par	5,000
7,000 Cleveland Stone Co. & Indiana Quarries first	
mortgage, 6% bonds @ par.....	7,000
5,000 first mortgage 5½% real estate loans @ par..	5,000
Cash on deposit @ 4% in The Guardian Savings	
& Trust Co.	125
	_____ 25,000

Jean C., Fanny W. and Leonard Hanna Trust Fund—

\$5,000 participation in Main Construction Co. and	
Elgin & Belvidere Elec. Co., 6% loan held in trust	
by The Citizens Savings & Trust Co.....	5,000

Lucy M. Backus Trust Fund—

First mortgage 6% real estate loans on improved property in Cuyahoga County held by The Guardian Savings & Trust Co.....	10,000
Total	\$58,100
Total endowments at close of business Dec. 31, 1909	\$41,100
Increase for year	17,000
Total	\$58,000

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THE Visiting Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and having to do with the many phases of the work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against infant mortality, and in the social and medical activities.

Published in January, April, July and October,
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THE FAITHFUL OLD "DANBURY" WHO CARRIES THE RURAL NURSE TO THE PATIENT. (*Page 12*)